

DEFINING AND DRAMATIZING DEATH: A FRAMING ANALYSIS OF
NEWSPAPER COVERAGE OF PHYSICIAN-ASSISTED SUICIDE AND
EUTHANASIA IN SELECTED MICHIGAN NEWSPAPERS FROM 1996 TO 1999

By

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ACADEMIC ABSTRACT

Abstract of Dissertation Presented to the Graduate School of the University of Florida in
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Defining and Dramatizing Death: A Framing Analysis of Newspaper Coverage of
Physician-Assisted Suicide and Euthanasia in Selected Michigan newspapers from 1996
to 1999

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In 1998 Michigan residents voted down a law that would have legalized physician-assisted suicide. Because of several regulatory attempts as well as because of Jack Kevorkian's activity in Michigan, the state's newspapers were expected to have several news stories about euthanasia and/or physician-assisted suicide.

This study examines newspaper coverage of euthanasia, physician-assisted suicide, and physician-assisted death in four Michigan newspapers: the *Detroit Free Press*, the *Detroit News*, the *Grand Rapids Press*, and the *Lansing State Journal*. The study discusses the results of quantitative and qualitative analyses performed on the 257 newspaper stories collected from January 1996 to June 1999. Framing analyses and source analyses

were performed to address the specific research questions and hypothesis. Additional analyses of characterization were conducted as these portrayals emerged from the analysis as an important aspect of the framing of physician-assisted suicide.

A multistage, cluster, stratified random sample was constructed to facilitate data analysis. The sample included 28 days per day of the week, divided into eight each for 1996, 1997, and 1998, and four for the six-month period of 1999. Emergent frames were identified and coded using the constant comparative method. The major frames in this study were blame, dichotomy, and fear. Minor frames included entertainment, intent, credibility, war/peace, and freedom. Several of these frames served to maintain event-centered coverage, which allowed writers to ignore underlying, complex issues in favor of captivating anecdotes and trivial details.

Although he was not the focal point of this study, stories that addressed the issues of physician-assisted suicide and euthanasia often revolved around Kevorkian, the state's most vocal and visible practitioner and assisted-suicide activist. He was used as the movement's mouthpiece, a symbol of the movement to legalize the practice, and a fearsome threat of the practice run amok.

From this study, it is clear that the forces hoping to legalize physician-assisted suicide in Michigan had little hope of success. The ways the newspapers and journalists framed the issue of physician-assisted suicide practically guaranteed that the movement would meet with failure in the 1998 election.

CHAPTER I INTRODUCTION

“News is a window on the world” (Tuchman, 1978, p. 1).

In 1998, near the end of the November sweeps period, Jack Kevorkian thrust the issue of euthanasia back into the media spotlight with the airing on *60 Minutes* of a home video he had prepared that depicted him injecting a lethal dose of drugs into the arm of Thomas Youk, a Michigan resident with amyotrophic lateral sclerosis, commonly known as Lou Gehrig’s disease. Less than one month before the video’s airing, voters in Michigan had rejected by a strong majority a ballot proposition to legalize assisted suicide (Shapiro, 1998).

Critics have aimed two ethical criticisms against *60 Minutes*’ airing of the home video. First, it allowed Kevorkian to manipulate the show into providing him a national platform for his arguments concerning physician-assisted suicide and euthanasia. Critics now are cautioning against allowing social activists to assume that the way to gain access to the national agenda is to send in a video. “They have a unique opportunity to wrest control from producers and shape news,” said Robert Lichter of the Center for Media and Public Affairs (Foer, 1998, p. 55). The second critique is that CBS’s decision was commercially motivated. The rating for this particular episode of *60 Minutes* was 23 percent higher than the show’s average, and the episode was broadcast during “the last of

the sweeps weeks, when the networks' ratings determine what they can charge advertisers in the coming season" (Foer, 1998, p. 55).

Although the death occurred in September, Kevorkian had sent the video to *60 Minutes* in early November, admitting to *60 Minutes* correspondent Mike Wallace that he killed Youk to "stir a national debate on euthanasia" (Foer, 1998, p. 55). This was not Kevorkian's first attempt at raising public awareness of euthanasia; after announcing creation of a "suicide machine" in late 1989, in June 1990 he helped Janet Adkins, a 54-year-old early-stage Alzheimer's patient, to die using the device. Since 1990 he has helped more than 130 people die (e.g., Foer, 1998). (See Appendix A for a chronology of Kevorkian's activity in Michigan throughout the 1990s.)

The history of the debate over euthanasia predates modern society (Atwood-Gailey, 1999); however, since 1973, when the American Medical Association introduced the patient's bill of rights, allowing a patient to refuse treatment, right-to-die issues increasingly have made their way into the media (Bai, 1998). In 1976 the parents of Karen Ann Quinlan asked the New Jersey Supreme Court to allow the removal of their daughter's respirator. Nine years later, Quinlan died. In 1990 Jack Kevorkian provided Janet Adkins with his suicide machine. Also in 1990, the parents of Nancy Cruzan won the right in court to remove their daughter's feeding tube. In 1994 voters in Oregon, the home of the Hemlock Society, which published *Final Exit*, a best-selling suicide instructional book, passed a referendum that made it the only state to allow doctors to prescribe lethal doses of drugs for terminally ill patients. The law, which became effective in October 1997, was reaffirmed by voters in November 1997 (Cain, 1999). In

1997 the U.S. Supreme Court unanimously ruled that the Constitution does not guarantee the right to commit suicide with a doctor's assistance; in doing so, the Court upheld laws banning the practice of prescribing lethal dosages of drugs in New York and Washington. A few weeks later, the Florida Supreme Court ruled against a constitutionally guaranteed right to assisted suicide or euthanasia (Emanuel, 1999). Finally, in 1998 a strong majority of voters in Michigan defeated a ballot proposal that would have legalized physician-assisted suicide (Bai, 1998).

In October 1999 the U.S. House of Representatives passed The Pain Relief Promotion Act, which not only nullified the Oregon Death with Dignity Act, but also provided more latitude to physicians in prescribing narcotics to alleviate suffering in people with terminal illnesses (Grunwald, 1999). As of April 2000, the full Senate still had not voted on the bill; however, the bill's author, Sen. Don Nickles of Oklahoma, claimed that enough votes exist to pass the bill in the Senate and to thwart any filibuster attempts (Congressional roundup, 2000).

Despite defeats in court and the ballot booths, public support for assisted suicide and euthanasia apparently has increased since Kevorkian picked up the gauntlet. In a 1985 Associated Press poll, 68 percent of respondents indicated that "people dying of an incurable painful disease should be allowed to end their lives before the disease runs its course" (Wanzer, Federman, Adelstein, Cassell, Cassem, Cranford, Hook, Lo, Moertel, Safar, Stone, & van Eys, 1989, p. 164). A 1988 Roper poll found that 58 percent of those polled agreed that a physician should be able lawfully to end the life of a terminally ill patient at the patient's request; 27 percent disagreed, and 10 percent were undecided

(Wanzer et al., 1989). More recently, a 1996 Gallup poll found that 75 percent of the public favored assisted suicide (Greenberg, 1997). However, a September 1998 article in the *Lansing State Journal*, published just over a month before the November vote on the assisted-suicide ballot item, notes that “public-opinion polls show support for assisted suicide in Michigan has fallen from about 70 percent a couple of years ago to the mid-50s” (Andrews, 1998).

Since *60 Minutes* aired Kevorkian’s home video, the issues of euthanasia, physician-assisted death, and physician-assisted suicide have become hot topics for news and entertainment programming, headlining episodes of *The Practice* and *Touched by an Angel* as well as a four-episode story arc on *ER* that aired during the February 1999 sweeps. Newspapers across the nation have reported on Kevorkian’s hand in more than 130 deaths, his five trials, three acquittals, and one mistrial. The court battle over Youk’s death has ended with Kevorkian’s conviction and sentencing to prison; and newspapers have reported the story at all of its various stages: the *60 Minutes* revelation, the filing of the charges, the decision to allow Kevorkian to represent himself, the selection of the jury, the prosecution’s arguments, Kevorkian’s self-defense, the verdict, the sentence, and Kevorkian’s vow to starve himself to death in prison. But, one might ask, What potential does this media extravaganza have to affect the public’s perceptions of physician-assisted suicide and euthanasia? How has the topic been portrayed? What arguments are included for and against euthanasia and physician-assisted death, and who is making those arguments?

Media as an Institution

An early definition of the communication process describes it as “who says what through which channel to whom and with what effect” (Lasswell, 1948). Along with other societal institutions such as churches, schools, and legal institutions, the media both shape and are shaped by public values. The media also produce and transmit culture and cultural knowledge (Trunk, 1997). Some of the roles that media play in American society include being an instrument of education, a marketplace of ideas, a watchdog, a collective agitator, a commodity, a public utility, and an instrument of social justice (Altschull, 1984).

While myriad theories have guided study of the media, one of the main missives of the American press has been seen as its dogged pursuit of truth “under the banner of social responsibility” as it seeks to share with the public information that perpetuates democracy (Altschull, 1984, p. 283). Gitlin (1980) has described media as “mobile spotlights” rather than as mirrors of society (p. 49). By choosing what to emphasize and de-emphasize, media can focus society’s attention on particular issues and “shape society’s values on what is important” (Trunk, 1997, p. 25). They also can promote certain solutions over others, making those solutions more acceptable to the public and to policy makers who will decide whether to adopt the solutions (Wallack, Dorfman, Jernigan, & Themba, 1993).

Altschull (1984) has identified seven “laws” of journalism. These doctrines establish journalism as dependent on economics, cultural ideals such as free expression, and divergence between theory and practice. Although the concept of social responsibility is

thought to underlie the goals of journalism as a profession, hegemonic ideals and ideology are transmitted and perpetuated by the press.

News as a Concept

In the United States, news is commonly understood to transmit information that is relevant to audiences and that will help them engage in self-government. “News is the product of the everyday routines and tasks conducted by those working within news organizations” (DeWerth-Pallmeyer, 1997, p. 12). News helps people determine what is important, yet it often is a taken-for-granted part of the social reality of everyday life (Tuchman, 1978). “[T]he news aims to tell us what we want to know, need to know, and should know” (Tuchman, 1978, p. 1). Although news has been described as a “window on the world,” (Tuchman, 1978, p. 217), it also consciously interprets and reinterprets reality (Tuchman, 1978).

In addition to making information available to consumers, news legitimizes and perpetuates institutions, including itself, while being shaped by professionals and their organizations (Tuchman, 1978). Many interwoven factors affect the construction of news and meaning of news, including journalists, sources, readers, and society. As a result, “news is the product of a social institution, and it is embedded in relationships with other institutions. It is a product of professionalism and it claims the right to interpret everyday occurrences to citizens and other professionals alike” (Tuchman, 1978, p. 5).

Gans (1979) argues that news is

information which is transmitted from sources to audiences, with journalists—who are both employees of bureaucratic commercial organizations and members of a profession—summarizing, refining, and

altering what becomes available to them from sources in order to make the information suitable for their audiences (p. 80).

Definitions of news

News is information that audiences need in order to make sense of their world as well as to maintain democratic self-governance. “[N]ews is perpetually defining and redefining, constituting and reconstituting social phenomena” (Tuchman, 1978, p. 184). It varies depending on the sender and receiver because there are many ways to organize information, many things to consider for inclusion or omission, and selective perception of things that may or may not be included in any news report (Tuchman, 1978).

Categories of news generally are defined according to temporal proximity. Hard news includes both spot news and developing news. Hard news generally is reported in a cursory, “just the facts” manner that utilizes the inverted pyramid structure and summary lead beginning. In this structure, facts are organized in order of their perceived importance to the story, which begins with the 5 W’s and 1 H, or who, what, where, when, why, and how. Spot news is what television stations often call “breaking” news; it is news that is occurring and for which the facts still are being discovered and reported. Developing news is hard news that has occurred but for which facts still are emerging and which is undergoing continual change. In contrast, soft news is news that is not connected so much to time, but which has an element of human interest. It often is written in a feature style that utilizes fiction techniques of characterization, setting, theme, and plot. Continuing news can be hard or soft and is reported over an extended period of time.

Print journalism often uses past tense for the body text of a story and present tense for headlines. Paragraphs are short, usually one to three sentences in length, and

sentences usually comprise 20 words or less. Characteristically, simple language is used, but sentences sometimes are constructed in an awkward, formal manner unlike the more casual spoken language of broadcast news. Tuchman (1978) argues that “the language of news prose contains a special relationship to the everyday world, for, like any other language, it both frames and accomplishes discourse. It is perception and it guides perception; it reconstitutes the everyday world” (p. 107). And language is vital because it has the power to frame issues through the narrative or story (Chestnut, 1996).

Newsworthiness

Tuchman (1978) argues that newsworthiness is negotiated within a hierarchy of editorial responsibility: “Items must be judged pertinent to both speaker and listener in order to be judged newsworthy” (p. 8). Established criteria for judging newsworthiness for the print media may differ in terminology, but the general precepts remain similar. Timeliness is the very definition of news, as seen by the characterizations described above. Other criteria that often are cited by media writing textbooks include proximity (location), conflict, importance, prominence, human interest, unusualness, impact, novelty, balance, and significance (e.g., Gans, 1979; Rich, 1999; Trunk, 1997; Tuchman, 1978).

News Values

Gans (1979) has characterized the ideology of news as a “paraideology” – an “aggregate of values and the reality judgments associated with it” (p. 68). This so-called paraideology is flexible and comprises the enduring values of news, those that “can be found in many different types of news stories over a long period of time; often they affect

what events become news, for some are part and parcel of the definition of news” (Gans, 1979, p. 4). The enduring values are contrasted with topical values, which are current and specific to particular actors and events.

Gans (1979) has identified eight enduring values in news. These include ethnocentrism, altruistic democracy, responsible capitalism, small town pastoralism, individualism, moderatism, social order, and national leadership. Because the enduring values are profession-based, not person-based, they permit and encourage objectivity (Gans, 1979), which is one of the tenets of journalism. Objectivity does not mean that reporters do not have an opinion about the topic of their story; rather, it means that they “should not let their personal point of view affect the article—the people they choose to interview, the information they select to use in the article, the organization of the information in the article, and so on” (Baker-Woods, Dodd, Ford, Keller, Plumley, Smeyak, & Walsh-Childers, 1997, p. 45).

Ethnocentrism is the idea, expressed in many U.S.-based news stories, that the United States is intrinsically better than all other countries and cultures. Altruistic democracy extols the virtues of democracy as a good in itself, with winners and losers but not heroes and villains. Responsible capitalism is based on the idea that competition is good as long as it does not invite exploitation. Small town pastoralism favors the rural and anti-industrial over the urban and industrial. Individualism extols the virtues of the self-made person as well as “preservation of the freedom of the individual against the encroachments of nation and society” (Gans, 1979, p. 50). The classic depiction of individualism is a person struggling “against adversity” to “overcome more powerful

forces” (Gans, 1979, p. 50). Moderatism values the upholding of laws and societal mores, by individuals but even more so by social groups. In fact, the idea of individualism is welcomed in individuals but discouraged in groups. The virtue of national leadership shows the value of social order maintained through the routines of public officials. The enduring value of social order can be distilled into four categories of coverage: natural disorder, technological disorder, social disorder, and moral disorder. Stories that depict any of these types of disorder help maintain the overall social order and clarify its importance.

Gans (1979) argues that values not only are present in the news, but they are also clarified and produced by the news.

[E]ven if the values *in* the news could be inferred unanimously – that is, if all inferers agreed about them – there are also values that stem *from* the news. There is a difference between the values in the news and the value implications of the news; but while the former may ultimately originate with the journalists, the latter do not (p. 40).

Additionally, while Gans (1979) asserts that the enduring values stem from and exist within the news, he notes that they do not necessarily reflect only the tenets of journalism.

The enduring values are part and parcel of news judgment; but even so, they are not, strictly speaking, professional values. They do not reflect technical expertise; rather they are ingredients in a vision of the good nation and society. As such, they are also lay values, presumably of lay origin (p. 204).

The institutional structure of the media as well as the traditions embedded in news, including definitions of newsworthiness and news values, all affect the frames that are produced and promulgated by news, journalists, American culture, and American consumers of media. Frame theory asserts that the structure and content of news affect

how audiences perceive news items. Frames can be constructed and exert influence from four repositories: the communicator, the text, the receiver, and the culture (Entman, 1993).

Purpose of the Study

This study examines two of the four bases for frames that Entman identified—texts and culture—in news coverage of euthanasia, physician-assisted suicide, and physician-assisted death in four Michigan newspapers. Frame analysis is used to examine the content of news articles about euthanasia, physician-assisted death, and physician-assisted suicide with the intent of discovering the frames that are used as well as the sources, issues, and arguments that are included in news stories about these topics. Additionally, the physician-assisted suicide and euthanasia movements are tracked within the United States to provide a cultural context for the media coverage.

Newspaper coverage of physician-assisted suicide is important to study for a multitude of reasons. First and foremost, the topics that are covered by the news media are provided a measure of visibility and salience to the reading public that unaddressed topics are not. This visibility and salience, in turn, can affect the importance the public assigns to these topics (McCombs & Shaw, 1972). Wallack et al. (1993) argue that “[t]he topics journalists choose to report, and the ways in which they report them, influence public discussion and private conversation” (p. 53). Therefore, whether or not newspapers are covering physician-assisted suicide and euthanasia, and how they are covering the issues, influence what the public is thinking and saying about the issues, both publicly and privately. Coverage also can affect the public’s perception of these issues’

importance. More positive coverage may lead to more positive attitudes toward the issues, while more negative coverage may lead to more negative attitudes.

How journalists decide what becomes news also can affect the coverage of particular issues. Good stories are seen as those that appeal to a mass audience (Gitlin, 1980). As news transforms an occurrence into a publicly discussable event (Tuchman, 1978), it emphasizes and de-emphasizes particular characteristics, thereby shaping the public's understanding of the occurrence. Wallack et al. (1993) argues that the standard way that newspapers frame health issues comes from a market justice perspective, building on "notions of rugged individualism, self-determination, strong individual control and responsibility, limited individual obligation to the collective good, and limited government involvement in social activity" (p. 7).

Several journalistic conventions govern the collection, production, and dissemination of news. Although one intention of news is objectivity, if by objectivity one means that no opinion is shared, that goal is in effect impossible. News is a human product; therefore, it is subjectively covered, patterned, and presented (Wallack et al., 1993). Some of the other rules of journalism that affect how issues are covered include the process of gathering the news, the concept of balance, the concept of newsworthiness, and the import of commercial pressures (Wallack et al., 1993).

As they report stories, journalists engage in story selections—shaping story content and highlighting important, novel, dramatic, and distinctive information while deleting or underemphasizing the routine or expected (Gans, 1979). While many journalists consciously try to avoid imposing dogmatic cultural views through their writing, they

way journalists select sources, topics, and frames reflects established ideological values and enduring values (Gans, 1979). As a result, “journalists guard not only the moral order embodied in the enduring values but a wide range of ideals, mores, and customs as well” (Gans, 1979, p. 293).

Gerbner reportedly once argued that those who tell a nation’s stories do not have to worry about who makes its laws (Wallack et al., 1993). A final reason for the importance of this study is that it examines the power of language to frame the issues of physician-assisted suicide and euthanasia. By choosing which words will be associated with these issues, journalists have a great deal of power to affect the way people integrate these concepts into their existing schema (Tversky & Kahneman, 1982). Gitlin has argued that journalists selectively construct stories in order to evoke particular images and references for their readers, particularly those that maintain the dominant ideology (1980).

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter is organized to provide an overview of the literature that has guided this study. First, the concepts of euthanasia and physician-assisted suicide will be defined and explained. Then a bit of cultural context will be provided, in terms of the hegemonic ideology that permeates the United States and as such, within the theoretical understanding of framing, has an impact on the selection and salience of news items. News media and their relationship to disability also will be explored, as a particular interest with this framing study is to examine the inclusion and exclusion of frames that deal with disability. Then frame theory and other theories that have informed its development, including agenda setting, priming, information integration, decision making, and social constructivism, will be discussed, and studies of media that employ a framing construct will be examined. Finally, hypotheses concerning media coverage of euthanasia and physician-assisted suicide will be posited, and research questions will be asked.

Euthanasia

Euthanasia is a word that comes from two words in the Greek language, *eu*, meaning good, and *thanatos*, meaning death (Baird & Rosenbaum, 1989). It has been described as a death that releases a person from “intractable suffering” (Vaux, 1989, p. 30). Baird and

Rosenbaum (1989) note that this is why euthanasia is often called “mercy killing,” described as an attempt to provide a better death.

The Greek culture promoted poison as the method of choice for achieving a “good death” (Atwood-Gailey, 1999, p. 27). Atwood-Gailey (1999) theorizes that the three main reasons why Greek culture tolerated the practice of euthanasia were their beliefs in reason, autonomy, and the supremacy of youth. However, Atwood-Gailey (1999) notes that not all factions of Greek society sanctioned euthanasia, and the Hippocratic Oath (Edelstein, 1979) expressly forbade the practice.

Groups dedicated to the cause of “death with dignity,” most notably the Hemlock Society, have sprouted around the world. Some of these groups, including Hemlock, support euthanasia or aid-in-dying as an option for end-of-life care. Hospices—which do not hasten death through methods such as euthanasia but offer dying and terminally ill individuals a less institutionalized, more dignified, “good” death through palliative care—have gained repute and even are covered by some insurance companies as an alternative to nursing home or hospital care. “Quality of life, personal dignity, self-control, and above all, choice, are what both hospice and the euthanasia movement are concerned with. It is the element of personally deciding when and how to die which hospice cannot support” (Humphry, 1991, p. 36).

Euthanasia is controversial. Even some people who support the idea of “death with dignity” or self-determination find euthanasia and its most vocal and prominent proponent, Jack Kevorkian, unpalatable and offensive (e.g., Quill, 1993). Some people support the idea of aid-in-dying or physician-assisted suicide but balk at the mere

mention of euthanasia, likening it to the “Nazi-like elimination of the sick, old, or unproductive” (Duffy, 1997). Still others have denied emphatically that euthanasia is designed to rid society of undesirables (Vaux, 1989), reiterating that it is simply one more option that should be available to those at the end stages of life.

Euthanasia can be distinguished into four types: active, passive, voluntary, and involuntary. Active euthanasia involves the “overt killing of the patient by the physician (or some assistant)” (Baird & Rosenbaum, 1989, p. 10). Active euthanasia differs from physician-assisted suicide in that the patient takes the final step toward death in physician-assisted suicide (making it an act of suicide rather than homicide). Euthanasia is considered passive if death occurs naturally, even if it is the result of an activity such as turning off life-support machinery (Baird & Rosenbaum, 1989). Voluntary euthanasia is that which “involves explicit consent by the patient,” and “involuntary euthanasia involves a decision for death by a person or persons other than the patient” (Baird & Rosenbaum, 1989, p. 11). For example, turning off life support equipment for a comatose patient who had not left instructions for such action to be taken would be passive, involuntary euthanasia. Active euthanasia is illegal in all 50 states and assisted suicide is prohibited expressly in 36 states (Quill, 1993), but active, voluntary euthanasia is the most widely discussed form of euthanasia (Baird & Rosenbaum, 1989).

Fletcher has identified five distinct categories of euthanasia: (1) active, voluntary, direct death that is chosen and carried out by the patient; (2) passive, voluntary, direct death in which the patient gives permission to others to carry out death when he or she is comatose or too dysfunctioned to do it him- or herself (often consent is provided in a

living will or advanced directive document); (3) passive, voluntary, indirect death that is carried out for the patient with his or her consent and by indirect means only, such as stopping treatment; (4) passive, involuntary, direct death, known as mercy killing that is done without the patient's consent; and (5) passive involuntary, indirect death that involves letting the patient go without hastening death but while continuing to make him or her comfortable (Fletcher, 1989).

Vulnerable Populations

One of the reasons euthanasia and physician-assisted suicide strike fear into the hearts of many is that these practices are considered to pose a threat to vulnerable populations. Vulnerable populations include children (Englehardt, 1989; Shewmon, 1989), people who are elderly (Fleck, 1993; Fleck, 1995; Hendin, 1995; Koop, 1989b), people with physical disabilities (Fleck, 1993; Koop, 1989b; Shewmon, 1989), people with terminal illnesses (Fleck, 1993; Hendin, 1995; Koop, 1989a; Shewmon, 1989), and people with cognitive disabilities (Koop, 1989b).

Members of vulnerable groups may be coerced or manipulated into "choosing" death, seeing it as their only viable option. Fleck (1995), Hendin (1995), and Koop (1989b) note that the elderly, in particular, may see themselves as economically burdensome to their families. Members of vulnerable populations also may not possess the power to choose or give consent, being mentally or physically incapable of making an informed choice: "Self-determination requires a certain minimum level of empowerment and choice. The options available to a person with a disability may not meet this criterion. A forced choice is no choice at all" (Kirschner, Gill, & Cassel, 1997).

The “burden-to-society” argument has been broached by many euthanasia proponents and opponents alike. While Duffy (1997) questions whether as Americans we still believe in the inherent worth of the individual, others argue that economic realities dictate a cost-benefit analysis of the worth of the individual (Fleck 1993; Fleck, 1995). For example, Fleck (1995), asserts that worth and rights may take second place to social duty

as pressures for health care cost containment mount....[A]t the societal level there will be intense public argument about a broad range of social needs that are unmet or underfunded because too many health care dollars are being used to sustain for weeks and months the lives of elderly individuals who are doomed to die, who have had more than their fair share of life, and who now are so selfish that they would deny these social goods to younger members of society (pp. 884-85).

Those who liken euthanasia to the Nazi practice of killing undesirables (e.g., Duffy, 1997) and fear the expansion of such programs to those who are not terminally ill or who request death may not be too far off the mark, according to Shewmon (1989). Nazi euthanasia propaganda referring to the “costs of caring for the handicapped, retarded, and insane” and mercy killing was expanded to include not only those who were incurably ill, but those who had minor deformities such as mild senility, “amputee war veterans, ‘problem children,’ bed-wetters, and the like” (Shewmon, 1989, p. 135). Although mention is made of the Nazis’ elimination of political dissidents, ethnic minorities, and people with mental and physical disabilities (Humphry, 1991), sterilization of mentally and physically handicapped children was practiced in the United States well before Germany adopted that practice in 1933 (Greenberg, 1997) and later took up the practice of killing such people during the Nazi regime. Derek Humphry, founder of the Hemlock

Society, which promotes death with dignity, notes that “there is no more controversial aspect of euthanasia than that involving the handicapped. Merely to mention it causes my critics to refer to me as a Nazi, wanting to get rid of the ‘burdens on society’” (1991, p. 58).

Cultural Context

“We hold these truths to be self-evident; that all men are created equal, that they are endowed by their Creator with certain unalienable rights. Rights, that among these are Life, Liberty, and the pursuit of Happiness” (Declaration of Independence).

Several competing underpinnings of American culture underlie the debate over euthanasia; these include autonomy, liberty, religion, and social interdependence. Hoefler (1994) has identified five idiosyncracies of American culture that figure in the debate over euthanasia and assisted death: individualism, liberty, scientism, the entitlement syndrome, and religious taboo. Other competing theories that enter into the fray include whether the ends justify the means (Fletcher, 1989), distributive justice (Fleck, 1995), that “any ends or purposes that are validated” by human happiness are “just, right, good” (Fletcher, 1989, p. 92), the fifth commandment—thou shalt not kill (Fletcher, 1989; Humphry, 1991), and that “man as trustee of his body acts against God, its rightful possessor, when he takes his own life” (Gay-Williams, 1989, p. 99).

Several different facets of American life, including religion, medicine, law and ethics, and economics, combine with many other traditions to produce the culture as a whole. This cultural context then is brought to bear on issues that face the nation, such as school violence, poverty, capital punishment, and euthanasia. These topics—religion, medicine, law and ethics, and economics—will be discussed as they relate to the issues of

physician-assisted suicide and euthanasia. Specifically, religious traditions common in America and their views on death will be examined. Medical definitions of death and other views, including those derived from a discussion of medical ethics, will be reviewed. The legal wrangling over right-to-die issues as well as the ethical potential of these issues will be examined. And, finally, economics as it impacts the decision-making process in health care will be discussed.

Religious Views on Physician-Assisted Suicide and Euthanasia

Although religion has been distinguished throughout American history as private and distinctly separate from both governmental influence and regulation, its effects in the private lives of individuals may carry over into their public lives and duties. And, while religious traditions may not be a recognized piece of American public life, they are a vital part of private life. These traditions affect an individual's vote for a particular politician and/or proposal as well as influence public discourse on such varied issues as gun control, capital punishment, school funding, affirmative action, and euthanasia.

Hoefler (1994) has argued that "the dominant religious orientations in America—Judaism and Christianity—are in lockstep when it comes to death. Each puts a high premium on the sanctity of life, and each has strong proscriptions against individuals taking death into their own hands" (p. 38). Yet, some Protestant groups "hold that the quality of life is equally as important as length of life and question whether the wish to die should be denied under all circumstances" (Greenberg, 1997, p. 87). In fact, several approaches to morality offer a "nonabsolutistic attitude" about preserving life, including

not only Protestant, Catholic, and Jewish teachings, but also Buddhist, Hindu, and Moslem ethics (Fletcher, 1989).

In general, Judaism, Roman Catholicism, and Protestantism are against euthanasia and assisted suicide. These three heritages share the common belief in a sovereign God who alone has power over life and death and who has a covenant with his people (Bok, 1998; Childress, 1998). Islam has similar beliefs; however, Hinduism and Buddhism allow for certain kinds of suicide, such as those of holy martyrs (Childress, 1998).

While religion may affect an individual's beliefs, other intervening factors do come into play, such as the structure and authority of religious traditions, silent opposition to or explicit dissent from established or official positions, and recognized differences between the excusing and justifying of a particular act that violates religious custom (Childress, 1998). Although some Protestant traditions believe that each individual has moral sovereignty over his or her existence, many others do not and instead believe that the human is a trustee of the body bequeathed by God (Childress, 1998). Greenberg (1997) argues that members of differing religious traditions have been both the staunchest advocates and the most vocal opponents of legislation that would permit assisted suicide and/or euthanasia.

Similar to Hinduism and Buddhism, Christianity and Judaism do allow for some occasions in which the sanctity of human life is not absolute. For example, in times of war, as a method of self-defense, as an act of martyrdom, and sometimes in cases of capital punishment, some of these heritages permit the taking of human life. It may not be too different to permit a terminally ill person to die under certain circumstances

(Childress, 1998). One might even argue that advances in medical technology have caused a disregard for the sanctity of human life as the dying process is extended beyond the limits of the human body (Childress, 1998).

Also a factor is the concept of *agape*, or neighbor-love, which dictates that a person should act in a loving manner toward others. If death were a permissible option, for one of the reasons listed above, the duty of the other would be to assist the person in dying (Childress, 1998). While different traditions have inconsistent opinions on the acceptability of euthanasia and physician-assisted suicide, Childress (1998) argues that conservatives (or liberals) across traditions may have more in common with each other than with the opposite end of the spectrum within their own tradition. In fact, Greenberg (1997) argues that opposition from religious groups, including the Roman Catholic Church, was a decisive factor in the defeat of referendums on assisted suicide in California and Washington.

The Roman Catholic tradition generally has spoken against physician-assisted suicide and euthanasia, viewing each as the “ultimate self-contradiction: an act that by destroying life, destroys all freedom” (Greenberg, 1997, p. 87). However, the same tradition has allowed patients to refuse treatment or withdraw or withhold life support without criticism. The view is that “the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options” (Childress, 1998, p. 128, citing U.S. Catholic Bishops, “Ethical and religious directives for Catholic health care services,” *Origins* 24 (December 15, 1994), 458). Indeed, the Catholic view is

that it is immoral to kill innocent people, even if they consent to their own death (Greenberg, 1997).

While the Roman Catholic tradition has decreed that directly killing a patient is unacceptable, providing medications that will relieve suffering and potentially hasten death is acceptable (Childress, 1998). And although those who commit suicide, including assisted suicide, traditionally are banned from ecclesial burial, if it is determined that the person was temporarily insane or repented at the last moment, the act may be forgiven (Childress, 1998).

Protestant traditions, including nearly 200 different denominations in the United States alone, range from fundamentalist to liberal. Because Protestantism lacks the hierarchical structure of Roman Catholicism, many of these traditions adopt a more individualistic approach to the acceptability of suicide, assisted suicide, and euthanasia (Childress, 1998). Even when Protestant traditions prohibit euthanasia and assisted suicide, it can be for different underlying reasons. For example, some groups argue that the Bible dictates one should not kill; others argue that to kill oneself or others violates God's trust in humans as caretakers of the bodies and lives he has bestowed. Still other groups refer to *agape*, principles of utility, and the idea of mercy as not harming others while benefiting them (Childress, 1998).

Particular traditions invoke different arguments to justify their positions for or against euthanasia. The Methodist, Lutheran, and Calvinist traditions all forbid euthanasia and assisted suicide, but on different grounds (Childress, 1998). In fact, the Southern Baptist Convention, evangelical Christians, and the Missouri Synod of the Lutheran

Church have opposed euthanasia and assisted suicide vehemently (Greenberg, 1997).

Wesleyans and Episcopalians do not expressly forbid euthanasia or assisted suicide, finding some occasions in which it can be justified on moral or religious grounds (Childress, 1998).

Unlike Christianity, which sometimes tends to “glorify suffering ... Judaism tends to view suffering as something to be avoided or removed whenever possible, but not at the expense of life itself” (Childress, 1998, p. 142). For its instructions on euthanasia and assisted suicide, Judaism relies on interpretations of the Talmud, which “holds that the duty to protect human life takes priority except where murder, sexual immorality (such as incest or adultery), or idolatry would be required in order to discharge it” (Childress, 1998, p. 138, parentheses in original). The key criterion for determining the acceptability of suicide is willfulness, assuming that no one would willfully deny God’s sovereignty (Childress, 1998). In all respects a person is treated as if s/he were living, even if near death; and although no acts may be taken to hasten death, impediments to death may be removed for those who are thought to be within three days of dying (Childress, 1998).

As within other traditions, Judaism has degrees of conservatism. Orthodox Jews focus on the rules as expressed in the Talmudic laws, but Conservative Jews rely on interpretations of these rules according to the underlying principles or values. Jews in the Reform tradition focus on the principles or values in light of personal autonomy, and Reconstructionists focus on these principles or values in light of the community (Childress, 1998). As such, Orthodox Jews are “adamantly opposed” to assisted suicide (Greenberg, 1997, p. 87) and would consider it unethical even if legislation were passed

making such acts legal. On the opposite end of the spectrum, Conservative, Reform, and Reconstructionist Jews “are more likely to emphasize quality of life, dignity, autonomy, and the right of self-determination,” including the right to choose help in dying (Greenberg, 1997, p. 88).

Medical Views on Physician-Assisted Suicide and Euthanasia

The medical community as a whole does not have a position on euthanasia or physician-assisted suicide. Various organizations within the medical community, such as the American Medical Association and others, have stated their strong opposition to the practices while acknowledging that such activities do occur. Kevorkian, a retired pathologist whose medical license was revoked in 1991 by the state of Michigan for practicing physician-assisted suicide, has questioned the apparent hypocrisy of such organizations. He has questioned why, if such activities are occurring and are viewed as potentially dangerous, they are not brought out into the open where they can be reviewed and regulated (Hewitt, 1998).

The National Hospice Organization (1997) has advanced a slippery slope argument (Hoefler, 1997) that allowing terminally ill patients to choose to end their lives directly (through euthanasia or assisted suicide) would lead to extending these practices to the incompetent through advanced directives, then the non-terminally ill, then the frail, disabled, elderly, and poor as a cost-effective alternative to rehabilitative or custodial care (see also Greenberg, 1997). The NHO distinguishes between withholding or withdrawing treatments that sustain life and providing treatments that end it directly.

The American Academy of Hospice and Palliative Medicine (1997) notes that access to palliative care and hospice services is underestimated and underused and has been limited by cultural, financial, regulatory, and philosophical barriers. It identifies medical-ethical issues that center on autonomy, beneficence, and non-maleficence, further noting that the “primary goal of palliative care is to provide symptom relief without sedation,” but that “it may at times be appropriate to provide sedation to achieve adequate relief from distressing symptoms, at the patient’s request” (p. 2). Yet Fleck (1995), a medical ethicist who adopts a cost-benefit approach to medical care, notes that “society is not morally obligated to provide all possible palliative care to terminally ill individuals simply because it is palliative care” (p. 892).

One medical controversy that muddles the issue of whether euthanasia or physician-assisted suicide should be practiced is the definition of death. Even now, at the end of the 20th century, disagreement ensues over the determination of medically acceptable criteria for death. Do we not start life support or do we turn it off? What about malpractice? (Koop, 1989a). The 1976 *Quinlan* decision, which settled the question of whether a comatose woman’s parents had the right to terminate care, showed the New Jersey Supreme Court interprets the Constitution as guaranteeing a right to live, but declines to interpret it as guaranteeing a similar right to die (Koop, 1989a). “[B]eing ‘allowed to die’ can be relatively slow and painful, whereas being given a lethal injection is relatively quick and painless” (Rachels, 1989a, p. 46).

Medical ethics also play a role in the medical community’s dilemma. The Hippocratic oath precludes “active, willful taking of life,” and “Western medicine has

regarded the killing of patients, even on request, as a profound violation of the deepest meaning of the medical vocation” (Gaylin, Kass, Pellegrino & Siegler, 1989, p. 26). The oath, translated from Greek, states in part:

I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art (Edelstein, 1979, p. 6).

Edelstein (1979) notes that the oath was not a legally binding contract, but rather it was a freely given promise of ethical behavior. The oath is understood widely to place a duty on physicians to protect and promote the health of their patients and to “do no harm” (Childress, 1982, p. 40). Gaylin et al. (1989) argue that to legalize physician-assisted suicide and/or euthanasia is to degrade the public’s trust in physicians:

[I]f physicians become killers or are even merely licensed to kill, the profession—and, therewith, each physician—will never again be worthy of trust and respect as healer and comforter and protector of life in all its frailty. For if medicine’s power over life may be used equally to heal or to kill, the doctor is no more a moral professional but rather a morally neutered technician (Gaylin et al., 1989, p. 27).

Childress (1982) argues that the oath is benefit-oriented, meaning it is designed to benefit the patient. However, paternalism can result if the oath is followed to an extreme. An equal measure of respect for the patient’s dignity is important to avert paternalism. Childress (1982) describes paternalism as an attempt “to meet the needs of another person even against that person’s wishes” (p. 12). In effect, it gives the physician the active role while the patient is relegated to the passive role. Paternalism can be altruistic or not; while benefitting the patient, it also can be a boon to society by averting harm to others—physical, economic, or otherwise.

A further complication in the dilemma facing medical professionals is the ambiguity of terminal illness. In recent years, an illness has been considered terminal if “the person is likely, in the judgment of two examining physicians, to die of that condition within six months” (Shewmon, 1989, p. 130). But Humphry (1991) notes

There will always be the exceptional case such as when a patient is extremely ill and suffering unbearably, will not recover, but is not terminally ill ... Alzheimer’s disease, advanced multiple sclerosis, ALS are the most likely cases. With such diseases, and some rarer others, the suffering can be unbearable. There is no cure and everybody knows the patient will only get worse (p. 143).

At least four studies in the 1990s have examined the acceptability and prevalence of euthanasia and physician-assisted suicide from a medical perspective. All of the studies were conducted in midwestern or western states, encompassing Washington, Oregon, Michigan, and Minnesota. However, it should be noted that although “conventional wisdom holds that most Americans support the legalization of euthanasia and physician-assisted suicide, slight changes in wording and emphasis can elicit contradictory responses” (Emanuel, 1999, p. 16).

A 1996 survey of Washington state physicians found that of the 828 respondents, 12 percent had received requests for assisted suicide in the past year and 4 percent had received requests for euthanasia (Greenberg, 1997). Two-thirds of the patients requesting such services had a life expectancy of six months or less, and they commonly had cancer, a neurological disease, or AIDS and less commonly had cardiac disease or chronic obstructive pulmonary disease (Greenberg, 1997).

A 1994 study of physicians in Washington and Minnesota found that 48 percent agreed that euthanasia is never ethically justified, while 42 percent disagreed. Only 39

percent agreed with the same statement about physician-assisted suicide, while 50 percent disagreed. Situations they said would justify assisted suicide or euthanasia included poor quality of life, pain and other symptoms that could not be relieved, and/or a life expectancy of less than six months (Greenberg, 1997).

A 1999 study of the prevalence of physician-assisted suicide in Oregon in the year since the practice was legalized found that it was uncommon (Chin, Hedberg, Higginson, & Fleming, 1999). The law allows physicians to prescribe lethal medications to patients who are terminally ill (have less than six months to live) as certified by two doctors (Cain, 1999). Only 15 people died in Oregon from November 1997 to November 1998 after taking a lethal dose of medication that had been prescribed by a physician; 23 had requested such a prescription and a total of 21 died, six from underlying illnesses (Chin et al., 1999). Thirteen of the 15 prescription recipients who died from the lethal doses of medication had cancer.

The method used for the study was a case-control. In terms of disability status, only 21 percent of the case patients and 84 percent of the control patients were completely disabled (Chin et al., 1999). Control patients were matched to case patients by virtue of underlying illness that caused death as well as age and date of death; the difference was that the control patients had not elected to receive lethal prescriptions. The case patients were more likely than the control patients to be concerned about a loss of autonomy because of illness ($p=.04$) and about a loss of control of bodily functions ($p=.02$) (Chin et al., 1999). Lack of pain control and concerns about being an economic burden were not statistically significant contributors to desire for lethal prescriptions (Chin et al., 1999).

A Michigan survey of physicians and the public found that only 56 percent of physicians agreed with legalizing assisted suicide, but 66 percent of the public supported such legislation (Greenberg, 1997). When members of the public were asked if they would request aid-in-dying if they had a terminal illness, 24 percent said yes, 24 percent said they probably would, 22 percent said they were uncertain, 9 percent said they probably would not, and 21 percent said they definitely would not (Greenberg, 1997). However, Michigan voters did not support an initiative to legalize physician-assisted suicide in 1998 (Bai, 1998).

Legal and Ethical Views on Physician-Assisted Suicide and Euthanasia

Legal arguments in favor of physician-assisted suicide are based on the “common law recognition of human autonomy and self-determination” as well as the U.S. Supreme Court’s interpretation of the understood Fourteenth Amendment right to liberty and privacy (Hoefler, 1994, p. 168) as seen in the cases of *Roe v. Wade* (1973) and *Cruzan v. Director, Missouri Dept. of Health* (1990). There is no explicit statement of privacy in the Constitution, but U.S. Supreme Court decisions such as *Griswold v. Connecticut* (1965), which addressed married couples’ use of contraception, and *Roe v. Wade* (1973), which established a woman’s right to an abortion, and the New Jersey Supreme Court’s decision in the *Quinlan* case (1976), which allowed Quinlan’s parents to withdraw treatment that was no longer efficacious for their irreversibly comatose daughter, have addressed individual privacy rights.

The *Cruzan* (1990) decision established the right to die, within limitations and guidelines set by the states. Some of these standards for competent patients include clear

and convincing evidence of the patient's wishes (such as living wills, advance directives, and statements to others), and for incompetent patients, standards include substituted judgment made by a third party, an analysis of the best interest of the patient made by medical personnel (a cost-benefit analysis), and subjective decisions made by the patient while still competent (Hoeftler, 1994).

Several federal court cases throughout the 1990s addressed various aspects of the presumed right to assisted suicide, including at least four involving Jack Kevorkian. The decision in *People v. Kevorkian* (1994a) reinstated murder charges against Kevorkian in the 1991 deaths of Marjorie Wantz and Sherry Miller. The charges had been dismissed by the trial judge, who decided that aiding a suicide was not a criminal offense. In their reversal, the Court of Appeals relied on earlier decisions in *People v. Roberts* (211 Mich. 187; 178 N.W. 690 (1920)) and *People v. Campbell* (124 Mich. App. 333; 335 N.W. 2d 27 (1983)) to clarify that assisting suicide fell within the common-law definition of murder, and as such, the trial court was wrong to dismiss charges against Kevorkian.

People v. Kevorkian (1995) reaffirmed the trial court's decision to forbid Kevorkian ever to use or provide "any of his 'suicide machines,' or similar devices, contrivances, or other modalities or drugs (including non-prescription drugs) on, or to, any persons seeking to end a human life, or conducting any acts to help a patient commit suicide regardless of the modality employed" (p. 601). This ruling came in reaction to the 1990 death of Janet Adkins, a woman with early-stage Alzheimer's disease.

Another 1994 case, *People v. Kevorkian* (1994b), consolidated several cases, including three against Kevorkian and two with several plaintiffs suing the Michigan

Attorney General, all of which argued that assisted suicide was a right protected by the U.S. Constitution. In this decision, the Michigan Supreme Court held that the Michigan law banning assisted suicide was not illegal or unconstitutional, and the U.S. Constitution does not prohibit states from prosecuting and convicting of a crime someone who assists another in committing suicide. However, this decision was partially overturned by the decision in *Kevoorkian v. Thompson* (1997), which held that the Michigan law banning assisted suicide was unconstitutionally vague and therefore could not be used as a basis for criminal charges. This case also found no 14th Amendment liberty interest in the U.S. Constitution that would guarantee a right to assisted suicide.

Several other cases addressed the presumed constitutional right to assisted suicide. *Quill v. Koppell* (1994) challenged the constitutionality of the New York law against assisted suicide, claiming violation of due process. The court found no such due process right. The court in *Lee v. Oregon* (1995) found that the Oregon Death with Dignity Act violated the equal protection clause of the federal Constitution by limiting assisted suicide to a restricted class of people. In fact, the court held that the law withheld “from terminally ill citizens the same protections from suicide the majority enjoys” (p. 1438). The decision in *Vacco v. Quill* held that the New York law banning assisted suicide did not violate the equal protection clause of the U.S. Constitution.

Three cases involving the state of Washington’s law against assisted suicide were decided in the 1990s. Two, *Compassion in Dying v. State of Wa.* (1995) and the *en banc* rehearing of the same case in *Compassion in Dying v. State of Wash.* (1996) held that the Washington state law banning assisted suicide violated the due process clause of the U.S.

Constitution. The 1995 decision reversed a lower court's finding that stated there was no liberty interest in physician-assisted suicide. However, *Washington v. Glucksberg* (1997) found no constitutional liberty interest in the asserted right to assisted suicide and reversed the appeals court's decision that the Washington law banning assisted suicide was invalid.

Moral and ethical arguments against euthanasia often focus on the dignity of the individual, yet Fleck (1995) has raised them in his defense of using a cost-benefit analysis approach to health care.

[I]n a health care world rife with rationing that often results in unjust discrimination against vulnerable populations, a practice of active voluntary euthanasia or physician-assisted suicide will often result in a compounding of injustices; therefore, this provides a strong moral argument against having social policies that would permit active voluntary euthanasia or physician-assisted suicide (Fleck, 1995, p. 874).

But Fletcher (1989) argues

It is harder morally to justify letting somebody die a slow and ugly death, dehumanized, than it is to justify helping him to escape from such misery. This is the case at least in any code of ethics which is humanistic or personalistic, i.e., in any code of ethics which has a value system that puts humanness and personal integrity above biological life and function. It makes no difference whether such an ethics system is grounded in a theistic or a naturalistic philosophy (p. 85).

Additionally, the slippery slope argument (Hoefler, 1997) advanced by the National Hospice Organization and others (see, e.g., Singer, 1995) postulates that "once the practice becomes commonplace, it will be expanded to nonvoluntary patients, then to nonterminal patients, to incompetent patients and so on" (Greenberg, 1997). However, Dworkin, Frey, and Bok (1998) argue that such arguments are rhetorical and are founded on two implicit assumptions that may or may not be justified. These include the argument

that when an existing policy already has been drawn and justified it is clearer than any new policy could be. The second is that there are risks inherent in change, and various social pressures, including religion, economics, demographics, and racism, could combine to realize the most undesirable of consequences.

Dworkin et al. (1998) conclude that the arguments for and against the legalization of euthanasia and physician-assisted suicide on either side—those for and those against—necessarily are “beside the point for those with most at stake” (p. 116). That is, for those who are dying in extreme pain, the fact that others fear being put to death without a voice or a choice is irrelevant; their goal is to alleviate their own suffering. However, Emanuel (1999) argues that several studies have shown that “pain is not the main—and not even an important—factor in motivating patients to request euthanasia or assisted suicide” (p. 16). An article in the *Detroit News* emphasized the importance of a good doctor-patient relationship in treating people with terminal illnesses, noting that “many requests for physician-assisted suicide are the result of a patient’s depression, not actual pain” (Death and dying, 1997).

Economic Views on Physician-Assisted Suicide and Euthanasia

As cost containment and health care rationing arguments rage, consideration must be given to the actual costs of health care. In the United States, nearly 15 percent of the gross domestic product (GDP) and 14 percent of the gross national product (GNP) is spent on health care (Fleck, 1995; Hoefler, 1994). In the Netherlands, where physician-assisted suicide as well as other medical practices banned in the US are legal,

approximately 9 percent of the GDP is spent on health care (Fleck, 1995). Hoefler (1994) notes that America spends one dollar of every seven on health care.

Another consideration is that health care costs are proportionately higher for some members of the vulnerable populations.

Nationwide, care for the terminally ill accounts for 10 percent of health care costs. The percentages are even higher for Medicare, where treatments in the last year of life absorb 27 percent of the program's spending—40 percent of that incurred during the final month (Greenberg, 1997, p. xi).

Hoefler (1994) notes that “28% of the Medicare budget is spent on individuals in their last year of life, primarily in the final thirty days” (p. 58). Costs related to institutional care also are overwhelming. Hoefler (1994) notes that “about 5 percent of the nation's 28 million elderly are in nursing homes at any one time, but total public outlays for nursing home care have more than doubled from \$11 billion in 1980 to \$25 billion in 1990” (p. 59). Malpractice concerns also have created a push toward “‘defensive medicine’—therapies and tests that are ordered more out of concern about a potential malpractice suit than out of medical necessity” (Hoefler, 1994, p. 63).

Fleck (1995) and Fletcher (1989) boil down ethical considerations to a utilitarian, cost-benefit analysis.

[W]hen an incorrigible human vegetable, whether spontaneously functioning or artificially supported, is progressively degraded while constantly eating up private or public financial resources in violation of the distributive justice owed to others, the needs of others have a stronger claim upon us morally. The fair allocation of scarce resources is as profound an ethical obligation as any we can imagine in a civilized society, and it arises very practically at the clinical level when triage officers make their decisions at the expense of some patients' needs in favor of others (Fletcher, 1989, p. 92).

Ofentimes the decision to euthanize is made because prolonging life would be excessive or use extraordinary means, but these terms are not well defined.

[W]hat is excessive changes from case to case. The point is that what is excessive *depends on* whether it would be a good thing for the life in question to be prolonged. It is said that ordinary treatments offer a reasonable hope of *benefit* for the patient; and that treatments are extraordinary if they will not benefit the patient.... [W]e are talking about life-prolonging treatments; the 'benefit,' if any, is the continuation of life. (Rachels, 1989b, p. 66, emphasis in original).

However, as health maintenance organizations and insurance companies enact cost containment measures, cost containment becomes health care rationing. Duffy (1997) argues that cost containment strategies put already vulnerable populations at greater risk: "[A]s containing soaring health care costs becomes paramount, people with high medical costs and little or no health insurance already are at risk. Any law permitting assisted suicide would worsen this trend."

Fleck (1995) agrees that cost containment has a discriminatory effect and effectively rations health care:

[A]n inescapable feature of our cost containment efforts is health care rationing. Rationing is about denying individuals access to marginally beneficial, non-costworthy health care. Rationing is about providing cost-effective and only cost-effective health care. In a social and cultural vacuum there might be nothing morally problematic about rationing. But in the United States today, rationing, in practice, would result in discriminatory treatment of individuals belonging to vulnerable groups who have been traditional objects of discrimination: the elderly, the terminally ill, the disabled, the physically handicapped, the mentally impaired, alcoholics, drug addicts, individuals with AIDS—all of whom have substantially more costly and more complex health care needs. Rationing with respect to individuals in these groups would mean on many occasions denying them access to expensive life-prolonging medical interventions. In effect, this would condemn them to a premature, painful and prolonged process of dying. If voluntary active euthanasia or physician-assisted suicide were socially

permitted options, however, then these individuals could be subtly cajoled into choosing this type of death (Fleck, 1995, p. 873).

Fleck (1995) concedes the possibility for coercion exists, especially for the elderly.

[We must] distinguish morally defensible social/familial pressure that may feel manipulative or coercive to an individual from social practices that are manipulative or coercive in a clearly morally indefensible sense. It is easy to imagine today an elderly individual faced with a terminal prognosis who is not ready to die, whose only hope for survival is a highly experimental medical intervention that offers no more than a 2% chance of long-term survival and that would result in the total impoverishment of a surviving spouse no matter what the outcome. If rational persuasion failed to convince that individual to give up that experimental therapy, then it is easy to imagine his children, his friends, even his doctor employing non-rational pressure techniques to force him to change his mind. Such techniques are presumptively morally inappropriate, but in these circumstances they would have some strong moral warrant that would overcome that presumptions because this individual is unjustly appropriating for selfish ends common property in the marriage (p. 890).

Fleck (1995) also notes that arguments about euthanasia must address the efficacy of treatments versus their costs.

We can imagine ongoing improvements in life-prolonging medical technology that are expensive but that yield very substantial medical benefits for relatively younger individuals in our society who otherwise would be doomed to a premature death. As things are now, however, these sorts of technologies will also be applied to meet the needs of the very elderly and infirm, though the results will be, on average, very small benefit at very great expense. The argument could then be made from the perspectives of both prudence and morality that it was not justifiable to provide the elderly with a strong moral and legal entitlement to care like this at the same time that we denied assured access to needed health care for tens of millions of younger citizens in our society (p. 891; see also Hoefler, 1994, regarding rationing of health care according to standards of medical efficacy).

Brody (1988) also argues that clear cases of cost-effective treatment in which there are substantial costs and no benefits are much easier to judge than are those cases in which there are substantial costs and some benefits. He concludes that "judging health-

care decisions in terms of their cost-effectiveness is really part of judging them in terms of their consequences” (p. 42). However, this emphasis on consequences may serve to remove the focus from the sanctity of life and aim it toward quality of life judgments (see e.g., Singer, 1995).

Summary of Cultural Context

While active euthanasia is banned in all 50 states and assisted suicide is prohibited in 36 states (Quill, 1993), the practices persevere. Jack Kevorkian, a retired Michigan pathologist with a revoked medical license, has become a symbol in the debate over physician-assisted death. While much of the controversy revolves around the rights of terminally ill individuals to choose “death with dignity” (Humphry, 1991, 1993), the fact remains that most of the individuals whose deaths were assisted by Kevorkian did not have terminal illnesses (Cassel, 1996).

Cultural, medical, legal, and economic concerns underlie much of the debate over euthanasia, physician-assisted death, and physician-assisted suicide. Included are discussions of autonomy and individual rights, the ethical nature of those who are sworn to “do no harm” deciding to assist in causing death, the constitutional “guarantees” of privacy and individual liberty, and the cost versus benefit analysis of expensive medical treatments that have limited efficacy for elderly, terminally ill, and otherwise infirm individuals. Hegemonic ideologies that are particular to the United States often conflict with one another; according to Gitlin (1980), these include patriarchal authority versus individualism and self-determination, “liberty versus equality, democracy versus

hierarchy, public rights versus property rights, [and] rational claims to truth versus the arrogations of power” (256).

Populations that are especially vulnerable to the slippery slope of euthanasia include children, people with physical or mental disabilities, the terminally ill, and the elderly (Englehardt, 1989; Fleck, 1993; Fleck, 1995; Hendin, 1995; Koop, 1989a; Koop, 1989b; Shewmon, 1989). There is a relationship between suicide and age; although people older than age 50 make up 26 percent of the U.S. population, they account for nearly 40 percent of suicides annually (Hendin, 1995). Additionally, it has been estimated that 95 percent of people—and in particular, elderly people—who commit suicide have had a diagnosable psychiatric illness in the months preceding their death (Hendin, 1995).

Media and Disability

“It thus appears that media coverage of physical disabilities, safety and impairment, mental illness, and death is quite problematic. None of these topics is treated so as to provide adequate role models” Signorielli, 1993, p. 41).

Media effects researchers have argued that the amount of direct experience an audience member has with a particular issue will reconcile the impact of media on that audience member’s attitude about and perception of an issue (Lang & Lang, 1981). Additionally, previous research has shown that media coverage can affect attitudes toward people with disabilities, depending on the interceding factor of personal contact (e.g., Yuker, 1994; Byrd & Elliott, 1984). Many of the people Jack Kevorkian has helped to die have had disabilities rather than terminal illnesses (Van Arnhem, 1998). For this reason, it is important to consider what impact media coverage can have on disability issues as well as how those issues are framed.

Yuker (1994) notes that attitudes toward people with disabilities are influenced by many factors, including prior contact, attitudes of significant others, education, and mass media. Demographics such as age, socioeconomic status, and employment status are less likely to be related to attitudes toward people with disabilities (Yuker, 1994). He notes that “acceptability often is negatively related to disability severity, disabilities perceived as untreatable or terminal, disabilities that are visible, and those that are perceived as contagious and easily transmissible” (Yuker, 1994, p. 10). In addition, information about the causes and origin of a disability can influence attitudes, as can personalizing the information so as to reduce stereotypes (Yuker, 1994).

Yuker (1994) notes that mass media portrayals can affect attitudes toward people with disabilities. Several researchers have examined the portrayal of disability by media as well as the relationship between media use and attitudes toward people with varying disabilities. Byrd and Elliott (1988) note that stereotypical portrayals of disability in the media tend to foster negative attitudes because they perpetuate misinformation. Based on their analysis of several studies, Byrd and Elliott (1988) argue that accurate portrayals may influence attitudes positively.

Overall, the television networks portray mental illness more often than other disabilities, most often in a dramatic or comedic manner (Byrd & Elliott, 1988). Byrd and Elliott (1988) noted that stereotypical depictions of psychiatric disabilities frequently appear in television and film, often emphasizing “the distorted and bizarre, which perhaps fit well into dramatizations that require suspense and action to elicit audience anxiety.

Comedies might also attempt to capitalize on these misconceptions to depict slapstick humor and buffoonery” (92).

A 1979 study by Byrd examined prime time television portrayals during July 1977. Disabilities were portrayed somewhat realistically, but no real leaders in disability portrayal were identified. Byrd and Elliott (1984) also examined the impact televised portrayals of disability have on attitudes toward disability. In a pretest-posttest experimental design using three audiovisual stimuli and the Attitudes Toward Disabled Persons Scale (Yuker, Block, & Young, 1966), they found that direct information that balanced emotional and rational appeals (a film produced by the American Federation for the Blind) fostered more positive attitudes than a single television comedy episode that offered a non-stereotypical portrayal.

Signorielli (1993) concludes, based on several years of research, that stereotypical portrayals of disabilities are the norm on television; however, it is important to note that these trends may have changed somewhat over the last several years. Physical disabilities are presented as obstacles to be overcome, while mental illness is depicted as stigmatizing and ostracizing. Humor, often inappropriately using the disability as the butt of the joke, is used frequently in disability portrayals. She notes that suicide often is portrayed as a “manifestation of mental illness” and that coverage of suicide and death in general has expanded. Humphry (1991) disagrees, however, noting that traditional modes of suicide often may not be mentioned as a cause of death, but physician-assisted suicide or physician-assisted death may be considered sensational news and given ample news coverage.

Research on racial stereotyping in media (e.g., Gorham, 1995) argues that “stereotypes in the media can maintain unjust, harmful, and dominating understandings of race by influencing the way individuals interpret media text. Such priming can occur whether or not the individual involved necessarily believes in the stereotype” (Gorham, 1995, p. 25). Additionally, Gorham (1998) argues that stereotypical media portrayals “contribute to the maintenance of particular stereotypes by contributing to the automaticity of certain stereotypic associations and their attendant interpretations” (p. 16).

In light of the research on disability portrayals that shows stereotypical portrayal of disability as the norm (Signorielli, 1993), these conclusions from research on mediated portrayals of racial stereotypes suggest that such portrayals may perpetuate inaccurate understandings of people with disabilities regardless of whether audience members believe those stereotypes. Preston (1999) notes that research on media portrayals of disability has uncovered an objectification of people with disabilities. “They become objects of pity, objects of aggression and objects of violence” (Preston, 1999, p. 3). Burd (1999) claims that media also choose to portray stereotypes that may be seen as acceptable, or at least more acceptable than obviously prejudiced or discriminatory images. For example, in editorial cartoons depicting 1996 presidential candidate Bob Dole, the disability portrayed was not necessarily his disabled right hand but his advanced age (Burd, 1999). Another study that examined the content of editorial cartoons about Kevorkian’s appearance on *60 Minutes* found that direct references to disability

through symbols, metaphors, or icons were included in only two of 26 cartoons analyzed (Preston, 1999).

While many of the people seeking to die using assisted suicide or euthanasia have been people with disabilities, many others have had terminal illnesses (Chin et al., 1999) that, as a side effect in later stages, also were disabling conditions. However, of the more than 130 people who Kevorkian has aided in death, a large percentage were people who did not meet the definition of terminal illness—that is, having less than six months to live as certified by two doctors (Greenberg, 1997). One might then question whether the news media have included this information or other information about disability in stories about the issue of physician-assisted suicide and/or euthanasia.

News Media and Disability

The one work cited by almost every article on news coverage of disability has been Clogston's (1989) theoretical framework for studying media portrayals of persons with disabilities. It has been used by researchers studying news portrayals as well as by those examining entertainment portrayals.

Clogston's (1989) framework begins with an examination of studies of news media coverage of ethnic minorities and women that have been conducted by mass communication scholars as well as studies of media coverage of people with disabilities that have been conducted by rehabilitation and educational researchers. He notes that studies that have examined media coverage of ethnic minorities and women are based most often in deviance or minority group theories if they are grounded at all in theory. The deviance theories he found include normative deviance, stigma, and labeling. He also

examines four dimensions of minority group theory: identifiability, differential power, differential pejorative treatment, and group awareness as they are applied to media content.

Clogston (1989) notes that rehabilitation and educational researchers who have examined disability portrayals in media often have used one of three approaches: medical criteria, social pathology, or minority/civil rights. The medical approach accentuates a person's level of physical functioning, and the social pathology approach emphasizes "the perceived inability of persons with disabilities to support themselves economically in society" (p. 6). The minority/civil rights perspective "views the person with a handicap as a member of a group which is oppressed by the physical and attitudinal barriers of a society which is prejudiced in favor of the needs of the non-disabled majority" (p. 6). He describes the end result of each of these models as leading to passivity (medical model), feeling that social support is a gift (social pathology model), and resulting in further stigmatization (medical and social pathology models). The end result of the minority/civil rights model is more positive: accommodation of different groups without focusing on their deviance from the norm.

Clogston (1989) suggests using normative deviance, labeling and stigma, medical and social pathology models, minority group theory, and minority/civil rights models as theoretical approaches for examining media coverage of people with disabilities and disability issues. Some of the questions he raises are:

- Does news focus on the triumphs of an individual who overcomes an explicitly emphasized disability to perform some feat while implying that

those with disabilities who don't perform such feats are less than fully human?

- Does news copy refer to persons with disabilities using terms that emphasize their difference from “normal” members of society? Do visual portrayals in news do the same?
- Does news coverage focus on medical aspects of disability or on medical developments that could make persons with disabilities more “normal”?
- Does news coverage of people with disabilities focus on government welfare or private charity programs to help them?
- Does news coverage of people with disabilities concentrate on the differential power of these individuals as well as their political demands for societal changes that would allow them to take part in everyday life?
- Does news copy avoid negative language when referring to people with disabilities as it does, for the most part, when referring to ethnic minorities and women?

Haller (1994, 1997) has added to Clogston's framework. She differentiates his four approaches into two dimensions: traditional and progressive. The traditional framework includes the medical, social pathology, and deviance models, and the progressive framework encompasses the minority/civil rights model. Haller (1997) adds business as another angle to the traditional framework and consumerism and a legal approach to the progressive framework. The business angle sees people with disabilities as unprofitable and/or costly to businesses, while the opposite angle is advanced through consumerism. Haller notes that people with disabilities are untapped consumers, a perspective Burnett and Paul (1996) expanded upon. The legal model refers to the fact that it is illegal (since passage of the Americans with Disabilities Act) to discriminate against people with disabilities.

Clogston (1991) also has examined the attitudes of reporters toward and newspaper coverage of people with disabilities. He has analyzed roles, issues covered, story language, and headline language referring to people with disabilities in 363 stories from 16 newspapers published from January to March 1990. While he asserts that the coverage was traditional in scope, he observes that the language used in the stories is moderately progressive. After surveying the reporters who had written the stories, he argues that the reporters in his sample have progressive attitudes toward people with disabilities and that those who have had more contact with disabled persons and a positive evaluation of that contact have more progressive attitudes.

Other studies of media and disability examine images of disability as well as the establishment of a group identity for people with disabilities. Ransom (1997) reports that disability publications help forge group identity for people with disabilities. In an examination of disability publications, John (1997) notes that news, features, and editorials in these publications cement the group identity as well as extol the cultural importance of independence and pride. Jirikowic (1997) discusses how President Franklin D. Roosevelt controlled the images of himself and his disability that were presented in the news media.

Marston (1997) has examined coverage of disabilities from a feminist perspective using Clogston's framework. She notes that disability coverage usually takes the form of a feature story while more complex news stories on the discrimination people with disabilities face are ignored. She observes that until passage of the Americans with Disabilities Act it was difficult to persuade editors to cover disability issues as hard news.

She notes there has been a small, but perceptible, shift from traditional, stereotypical topics to civil rights-related issues because of historical and cultural changes. Yet, she observes, coverage still has a long way to go. As support, she cites the example of mainstream coverage of reproductive technologies and rights of women to abort fetuses with disabilities but little to no coverage of the rights of women with disabilities to bear children.

Iwakuma (1997) cites studies by Haller (1991) and Shapiro (1993) about the controversial presidential search and selection at Galludet University in Washington, D.C. Of the three finalists, only one was deaf. When the deaf candidate was passed over in favor of a hearing candidate, Galludet students protested. Shapiro explains that the coverage helped form a sense of commonality among all people with disabilities, not just the deaf, hard-of-hearing, or hearing impaired. Haller notes that reporting by mainstream media helped change the focus of coverage from a traditional framework to a progressive one.

Hindman, Preston, Littlefield, and Neumann (1999) have examined the impact of community pluralism on coverage of ethnic minorities and people with disabilities. They note that news media label people with disabilities as deviant and offer superficial or unfavorable news coverage. They also identify the use of insensitive language and reliance on a feature structure rather than a hard news structure as other factors that perpetuate the marginalization of people with disabilities. They observe that most stories are designed to serve the majority of readers rather than those with disabilities. They cite Haller (1996), whose analysis of the framing of news stories about disability issues shows

that many local newspapers have framed the passage of the ADA as a hardship on businesses and local communities. As sources, these articles included representatives from government agencies and businesses but rarely used representatives from disability groups. Haller (1996) notes that news media coverage is more likely to serve the needs of the majority of readers than people with disabilities.

The news media's reliance on governmental sources is one advantage that the disability community has been afforded in coverage of disability-related issues such as the Americans with Disabilities Act (Haller, 1996). By working within the government as well as using interest groups to pressure the government, disability activists were able to influence the way the ADA was framed in the media. However, the governmental/activist frame was not the only frame used by the media. Business interests also were depicted. But the watchdog role of the press that would have invited investigative reports on "the impact and enforcement of the ADA" largely was avoided (Haller, 1996, p. 18).

Haller (1994) uses Clogston's (1989) framework to examine news coverage of the "crawl-in" at the U.S. Capitol that occurred during the drafting, discussion, and passage of the Americans with Disabilities Act. She explains that the various coverage offered by the major networks and elite newspapers has added to the social construction of disability. She notes that ABC and the *Washington Post* offered little coverage of the crawl-in, but the *Los Angeles Times*, *New York Times*, *Time* magazine, NBC, and CBS offered more coverage. She explains that the *Los Angeles Times* focused on the medical model while offering some discussion of civil rights. The *New York Times* used a cultural pluralism framework and discussed the civil/minority rights angle, but it also

focused on the social “gift” of technology that made it possible for the people to be at the capitol. *Time* magazine offered the “supercrip” framework and offered images of symbols, not reality. NBC used the social pathology model and included no sound bites from disability activists. CBS used civil rights language but failed to include context about the accessibility of the U.S. Capitol and thus offered a symbolic representation, not reality.

Summary of Media and Disability

Much of the media research on disability has focused on entertainment portrayals. The few studies in the 1990s that have looked at news coverage have used Clogston’s (1989) theoretical framework. Many studies have been content analyses, whether quantitative or qualitative in nature; only one has been a survey and one historical in nature. Most of the researchers have concluded that feature stories about disability issues are more common than news stories and that there has been a shift from Clogston’s traditional framework to a more progressive framework. Language has been examined, and Clogston and others have identified insensitive, traditional language as perpetuating the marginalization of people with disabilities.

Haller (1994, 1997) has used frame analysis in conjunction with Clogston’s framework to produce much of the research on news coverage of disability. A few researchers have used cultural frameworks to examine disability publications, primarily for expression and extension of group identity. Clogston (1991) so far has been the only researcher to examine the influences on reporters who cover disability issues, and Haller (1996) has offered one of the only studies to examine how sourcing affects coverage of

disability issues. Haller's (1997) call for research on images of disability in news media suggested that attention be focused on sourcing, attitudes of journalists and how those affect coverage, the attributes of good news coverage, language issues, and perpetuation of ableism.

Theoretical Framework

“[F]raming analysis placed in the framework of constructivism and on the ground of empirical analysis of news discourse offers a fruitful area of research. Theoretical development in this area presents the potential of integrating research on news production, news discourse, and news comprehension and effects” (Pan & Kosicki, 1993, p. 70).

Myriad media theories have been used to describe how news is made as well as the influence news has on its audiences. Each theory is based in other theoretical and empirical understandings, including psychology, sociology, and education, and all theories attempt to explain the relationships among senders, messages, and receivers as well as the internal and external influences on these components of the communication process. Methods of studying these theoretical relationships include both quantitative and qualitative methods.

Introduction to Frame Theory

Frame theory is a theoretical model of media discourse that offers a way to describe and analyze the communicative power of a text (Entman, 1993). Essentially, frame theory posits that media coverage is selectively constructed so as to evoke particular images and references for readers, particularly those that maintain the dominant ideology or hegemony (Gitlin, 1980). Frames define problems, identify and evaluate causes, and suggest and justify solutions (Entman, 1993).

Frames in media discourse include not only the packages media produce but also the schemas audience members use as they encounter and attempt to make sense of the packages (Gamson & Modigliani, 1989). These packages provide an interpretive framework for other journalists as well as the general audience. Recent research by the Pew Research Center for the People and the Press found that two-thirds of print journalists and editors surveyed said that providing interpretation of the news is a core principle of journalism (“Striking the Balance: Audience Interests, Business Pressures and Journalists’ Values, 1999). Interpretation not only provides context and background for news coverage of events and issues, but it also allows journalists to express their own biases and stereotyped understandings of events and issues, which may, in turn, influence the way the public thinks about these events and issues.

News packages or frames “ebb and flow in prominence and are constantly revised and updated to accommodate new events” (Gamson & Modigliani, 1989, p. 2). Gamson and Modigliani (1989) identify three factors that combine to affect the viability of media frames: cultural resonance, sponsor activities, and media practices. Cultural resonance means that those frames that reflect and reaffirm cultural values are more likely to be used. Sponsor activities involve those tangible advocacy activities such as making speeches, providing interviews to the media, and filing legal briefs as well as those activities that are less tangible. The key difference between sponsors and participants is that sponsors generally promote “some collective rather than personal agenda” (Gamson & Modigliani, 1989, p. 7). Sponsors can include individuals as well as social movements. Media practices such as avoiding editorializing and promoting balance in news articles

also contribute to media packages. “Packages succeed in media discourse through a combination of cultural resonances, sponsor activities, and a successful fit with media norms and practices” (Gamson & Modigliani, 1989, p. 9).

Definitions. Any discussion of a theory should begin by identifying and clarifying all pertinent terms. Frames impose an organizing structure on information. The act of framing is “to select some aspects of a perceived reality and make them more salient in a communicating text in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation” (Entman, 1993, p. 52). Perceptions of salience, which is a product of the interaction between the receiver and the text (Entman, 1993) and refers to the relevance of the topic to the reader, contribute to the effects of frames. “Frames work to make some ideas more salient in the text, others less so—and others entirely invisible” (Entman, 1991, p. 7).

Within the construction of frames, Gamson and Leach (1983) differentiate between framing devices and reasoning devices in the construction of news packages. Gamson and Modigliani (1989) distinguish between framing devices and reasoning devices, both of which are used in the framing of a textual message. Framing devices integrate and synthesize information into a whole, while reasoning devices segregate and distinguish information into parts (Gamson & Modigliani, 1989). Framing devices include textual elements such as metaphors, exemplars, catchphrases, depictions, and visual images; and reasoning devices include identifying the roots of an issue, its consequences, and making appeals to principles or morals within the text (Gamson & Leach, 1983). Pan and Kosicki (1993) identify four categories of framing devices that serve as structural dimensions of

news discourse: syntactical structure, script structure, thematic structure, and rhetorical structure.

Five characteristics that have been identified as affecting the dominant frame of a news item include importance, agency, identification, categorization, and generalization (Entman, 1991). Although many news stories do offer multiple-source stories that purport to offer a fair or balanced picture of news events, which “scholars and journalists often interpret...as evidence that audiences have an adequate opportunity to learn all sides of an issue and resist any single dominant coding” (Entman, 1991, p. 22), when a particular frame can be shown to dominate the story, opposing cues may hold little salience for these audience members. “The frame thus makes opposing information more difficult for the typical, inexperienced audience member to discern and employ in developing an independent interpretation” (Entman, 1991, p. 8).

Gitlin (1980) theorized that such selective framing of news was designed to maintain the hegemonic ideology. As journalists go about the daily routine of preparing the news for public consumption, they must select not only what news to convey but also how to convey it (Entman & Rojecki, 1993). Additionally, Wallack et al. (1993) have argued that the framing of controversial news items provides not only information about the controversy but also the potential solutions.

Background to frame theory. Frame theory has been shaped by several schools of thought. One branch of research using frame theory has developed from media effects research on agenda setting (e.g., McCombs & Shaw, 1972). Others have grown from media effects research on priming (e.g., Jo & Berkowitz, 1994) as well as psychological

research on cognition (e.g., Goffman, 1974; Tversky & Kahneman, 1982), information processing (e.g., Anderson, 1982; 1991), social constructivism (e.g., McQuail, 1994), and decision making (e.g., Tversky & Kahneman, 1982). Additionally, media advocacy (Wallack et al., 1993) was built on framing research.

Roefs (1998) argues that research on framing has evolved from the study of media content to the study of media effects. Other emphases Roefs (1998) identified include the study of how media routines and power struggles influence media content and that content's effect on audiences. However, Carragee and Roefs (1999) assert that these emphases need not be separate and, in fact, must be integrated in order to represent adequately the "complex ways power informs frame sponsorship, the articulation of frames within news stories, and the interpretation of these frames by audience members" (p. 18).

Mass media have been shown to affect the public agenda (McCombs & Shaw, 1972). Agenda setting refers to the ability of the media to increase the salience of an issue in the public's mind and on the public agenda through repeated coverage and other cues, including headline size, length of story, placement of story, and use of visuals (Severin & Tankard, 1997). Funkhouser (1973) found a strong relationship between public rankings of issues and the amount of coverage of those issues by the news media, particularly newsmagazines. Exemplification theory (e.g., Gibson & Zillmann, 1994; Zillmann, 1999; Zillmann, Gibson, Sundar, & Perkins, 1996) has shown how strongly audiences can be affected by the pictures presented in anecdotal examples, even when contradictory base-rate or statistical data are presented. Additionally, the types of sources included in news

accounts have affected the credibility readers assign to those news accounts as well as the trustworthiness imputed to the sources themselves (e.g., Slater & Rouner, 1996).

However, Carragee and Roefs (1999) argue that studies that reduce frames to story topics, portrayals, issue positions or other attributes overlook “both how particular frames apply to multiple issues or topics, and how a single issue position can be a product of more than one frame” (p. 7). Additionally, they argue that conflicting frames can co-exist in news stories, and using a reductionist method “neglects *how* issue positions are organized, defined, and explained” (Carragee & Roefs, 1999, p. 8).

Introduction to Analysis Using Frame Theory

The basic assumptions behind frame analysis are derived from social psychology (e.g., Goffman, 1974) and cognitive psychology (e.g., Tversky & Kahneman, 1982). Beach (1990) notes that “framing is fundamental to interpretation of what is going on in the world, from basic perceptual events to complex cognitive and social events” (p. 63).

Goffman (1974) was one of the first researchers to define frame analysis. Frame analysis examines the framework or schemata a person uses to make sense of events or information. The premise is that when confronted with an event, a person tends to recognize it using a primary framework or schemata of interpretation that renders “what would otherwise be a meaningless aspect of the scene into something that is meaningful” (Goffman, 1974, p. 21). Gamson et al. (1992) explain Goffman’s concept as “a useful tension between structure and agency. On the one hand, events and experiences are framed; on the other hand, we frame events and experiences” (p. 384). As such, they

conceive of a frame as “a central organizing principle that holds together and gives coherence and meaning to a diverse array of symbols” (Gamson et al., 1992, p. 384).

Goffman has identified two major classes of primary frameworks: natural and social. “Natural frameworks identify occurrences seen as undirected, unoriented, unanimated, unguided, ‘purely physical’[N]o willful agency causally and intentionally interferes...no actor continuously guides the outcome” (Goffman, 1974, p. 22).

Social frameworks, on the other hand, provide background understanding for events that incorporate the will, aim, and controlling effort of an intelligent, alive agency, the chief one being the human being. Such an agency is anything but implacable; it can be coaxed, flattered, affronted, and threatened.... Motive and intent are involved, and their imputation helps select which of the various social frameworks of understanding is to be applied (Goffman, 1974, p. 22).

Beach (1990) defines framing as the context that is used to come to a decision. “A frame is that portion of his or her store of knowledge that the decision maker brings to bear on a particular context in order to endow that context with meaning” (Beach, 1990, p. 51). In decision making, frames affect the process of reasoning as well as decision making. Frames also can be seen as the “anchor or baseline against which all change is evaluated” (Beach, 1990, p. 54).

In media research, framing is examined either as “a strategy of constructing and processing news discourse or as a characteristic of the discourse itself” (Pan & Kosicki, 1993, p. 57). Entman (1993) has identified structures of the communication process that are involved in frame analysis, including text, communicators, culture, and readers. Pan and Kosicki (1993) categorize framing devices into four groups: syntactical structure, script structure, thematic structure, and rhetorical structure. Syntactical structure includes

the arrangement of words into phrases and sentences as well as conventions of news writing, including story structure, attribution, and headline composition. Script structure is that which makes the news story independent of other news stories. For example, the information that is included in a story—the 5 Ws and 1H—as well as the unique organization of that story would distinguish it from another story on the same topic. Thematic structure is based on news as hypothesis testing. For example, when issues arise, they may be related to several events or other issues. The thematic structure is a “multilayer hierarchy with a theme being the central core connecting various subthemes as the major nodes that, in turn, are connected to supporting elements” (Pan & Kosicki, 1993, p. 61). Rhetorical structures include the framing devices identified by others: “metaphors, exemplars, catchphrases, depictions, and visual images” (Pan & Kosicki, 1993, p. 61). Because Tuchman (1978) argues that Goffman views frames as “negotiated phenomena” (p. 194), for her the meaning of news is seen as negotiated and contextual.

Entman (1993) has identified four repositories of frames within the communication process: communicators, text, receivers, and culture. Framing encompasses both the structural elements of a text as well as the schemas that senders and receivers in the communication process possess and use to make sense of what information they are sending and receiving (Entman, 1991). Elements of the text include the words, tone, symbols, sources, figurative language, themes, and visual images used (Entman, 1991) as well as those that are excluded (Gitlin, 1980; Entman & Rojecki, 1993). Gitlin (1980) has argued that the meaning of these textual elements, not necessarily the intent of the communicator, lies at the crux of framing concerns.

Text. News is the transformation of occurrences into events that are viewed as news (Tuchman, 1978) because they reflect or support the enduring values (Gans, 1979). Good stories are seen as those that appeal to a mass audience (Gitlin, 1980). As news transforms an occurrence into a publicly discussable event (Tuchman, 1978), it emphasizes and de-emphasizes particular characteristics, thereby shaping the public's understanding of the occurrence.

Entman and Rojecki (1993) have identified seven dimensions of news that affect the ability of a social movement to garner public and elite support. These dimensions reflect the different emphases that communicators can include in a text. They argue that these seven dimensions are dependent on the journalists' framing of the news.

1. Rationality-emotionality: Is the movement driven by intellectually sound policy ideas or emotion?
2. Expertise: Do members of the movement have the technical capacity to analyze and recommend valid policy?
3. Public support: How many Americans agree with the movement's goals?
4. Partisanship: Are the movement's members trying to use political strategies or power to influence policy?
5. Unity: Do the members of the movement agree on the movement's goal?
6. Extremism: Are the members of the movement deviant?
7. Power: Is the movement likely to influence government policy? (pp. 156-157)

Tuchman (1978) identifies two ways in which audiences can make sense of messages: reflexivity and indexicality. In terms of reflexivity, "accounts are embedded in the very reality that they characterize, record, or structure" (Tuchman, 1978, p. 189). Indexicality means that "in using accounts (terms, utterances, or stories) social actors may attribute meanings to them apart from the context in which those accounts are produced and processed" (Tuchman, 1978, p. 189). In other words, meaning may be attributed to

messages based on their explicit content or on the implicit meanings based on the context of the message.

Communicators. Journalists are the primary communicators, but sources also communicate with the audience. News is the product of the everyday reasonings or “pretheoretic formulations” of those newswriters who process the information for the public (Tuchman, 1978, p. 201). Because journalists have to decide how to frame the story by selecting which information to pay attention to, write about, and include in their stories, they have “more power than most to construct social reality” (Tuchman, 1978, p. 208). Gitlin (1980) notes that the frames chosen by journalists reflect “a principle of rejection as well as a principle of selection” (p. 69). However, he argues that the issue at stake in determining which frames have been constructed by journalists is not the journalists’ intention, but rather the meaning of what they have written (Gitlin, 1980).

Journalists often are generalists, “able and willing to cover anything and everything at a moment’s notice” (Gans, 1979, p. 132). There generally are two kinds of journalists: beat reporters and general assignment reporters, although investigative reporters may be a third type. Beat reporters cover specific locations or topics, and general assignment reporters cover whatever topics or locations arise in the course of the news day. As they report stories, journalists engage in story selection, shaping story content, highlighting important, novel, dramatic, and distinctive information while deleting or underemphasizing the routine or expected (Gans, 1979).

While many journalists eschew ideological affinities, viewing them as extreme, how journalists select sources, topics, and frames reflects established ideological values and

the enduring values (Gans, 1979). As a result, “journalists guard not only the moral order embodied in the enduring values but a wide range of ideals, mores, and customs as well” (Gans, 1979, p. 293).

“Journalists cannot exercise news judgment without a composite of nation, society, and national and social institutions in their collective heads, and this picture is of an aggregate of reality judgments” (Gans, 1979, p. 201). However, “[m]any reality judgments are stereotypes, accurate or inaccurate, which journalists borrow from elsewhere because of their availability and familiarity both to the journalists and the audience” (Gans, 1979, p. 201). And, while journalists purport to be objective in their presentation of the news, Gans (1979) notes that opinions can be expressed unconsciously “through the use of connotative, often pejorative, words and phrases” (p. 199).

Some of the outside influences on journalists include the commercial interests of businesses and advertisers, governmental influences, interest groups, peers, and the audience. Sources also influence journalists because they help focus “journalists’ attention on the social order” or lack of it (Gans, 1979, p. 145).

Some of the criteria used by journalists to determine the suitability of a source include whether or not a source has been suitable in the past, that source’s availability, his/her ability to provide needed information, his/her reliability, trustworthiness, authority, and articulateness (Gans, 1979). As a result, public officials are the most frequently used sources because they are available and meet many, if not most, of the criteria listed above. Peers also are useful sources for journalists for several reasons. First of all, other journalists and their stories are readily available as journalists looking for

viable topics may peruse other media for story ideas to develop and localize. Stories that have been published elsewhere also show journalists considering a topic that the topic is considered viable by other audiences and editors (Gans, 1979).

Another aspect of journalism that affects the communication process is the routines that affect the process of newsgathering. Gans (1979) described four theories of how news selection is routinized before he put forth his own theory. The four theories he identified were: journalist-centered, organization-centered, event-centered, and extraorganization-centered. Journalist-centered theories focus on the professional news judgment of journalists and how that shapes the production of news. Organization-centered theories revolve around the commercial interests of news organizations. Event-centered theories are based on the concept of news as a reflection of society. Extraorganizationally centered theories encompass such influences as the economy, technological limitations of the medium, and political ideology of the culture. Gans' theory, however, conceives of the process as interdependent among sources, journalists, and audiences, affected by commercial needs and interest groups, and subject to power struggles. He defines news as information which is transmitted from sources to audiences, with journalists – who are both employees of bureaucratic commercial organizations and members of a profession – summarizing, refining, and altering what becomes available to them from sources in order to make the information suitable for their audiences. Because news has consequences, however, journalists are susceptible to pressure from groups and individuals (including sources and audiences) with power to hurt them, their

organizations, and their firms...the process is circular, complicated further by a large number of feedback loops.

Trunk (1997) argues that “the structures and practices of the major news media act to shape and taper news content according to what fits journalistic norms, organizational news routines, production costs, political sensitivities, and available sources” (p. 3). All of these factors affect what events journalists perceive as interesting to the public and thus conceive of as news (Tuchman, 1978). In addition, the routinization of news helps to maintain the dominant, hegemonic frames (Gitlin, 1980).

Techniques of newsgathering, including beat reporting and reliance on wire services such as the Associated Press and others, create a “news net” (Tuchman, 1978) that affects how stories are gathered and framed. Like the metaphor of the news net, stories that are not perceived as “big enough” fall through the holes in the net and are not published (Tuchman, 1978). This perception of importance, like the selection of sources, is based upon notions of availability and suitability (Gans, 1979). Factors affecting these perceptions include some imposed by journalists and some imposed on journalists. The considerations journalists impose on story importance include the source, the substance, the product, and the value; considerations imposed on journalists include commercial, audience, and political interests (Gans, 1978).

Culture. American culture has its own ideological bases that most Americans can identify regardless of whether they agree with them. Democracy is an overarching value while individualism, liberty, self-determination, and autonomy are understood within the

concepts of democracy. These values, similar to the enduring values identified by Gans (1979), provide a foundation for the rights and responsibilities most Americans enjoy.

Gitlin (1980) argues that the above-mentioned ideological bases of American culture establish, in fact, hegemony, which is the perpetuation by the masses of “ideological domination through participation in cultural institutions such as the economic system, educational facilities and the media” (p. 5). He also argues that capitalist ideology espouses “contradictory values: liberty versus equality, democracy versus hierarchy, public rights versus private rights, rational claims to truth versus the arrogations of power” (pp. 256-7). This ideology is then transmitted to the masses through the frames that media outlets use in their coverage of issues and events. Particularly when those issues or events challenge the status quo, hegemonic frames are used by media outlets to maintain the dominant cultural ideals (Gitlin, 1980).

Tuchman (1978) argues that the media’s acceptance and dissemination of this dominant ideology may work against the acquisition of knowledge and/or truth.

Knowledge reveals the truth while ideology skews truth to move people to action. It follows that news may be said to express middle-class ideology to the extent that middle-class truths are distinct from objective truths. By implication, then, assessing the degree to which news is ideological involves investigating and determining truth and then comparing that truth with the supposed ideology. This implication that ideology and knowledge may be distinguished by independently determining truth introduced severe analytic problems to social science inquiry. If all knowledge is situationally determined, who can determine the truth? (p. 177)

Audience. Frame theory presumes an active audience (Gamson & Modigliani, 1989).

While readers of news work to make sense of the words on a page of news text and, in that process, may

challenge the veracity of a specific news story, he or she does not challenge the very existence of news as a social phenomenon. The reader may attack the slant of a specific story or of a specific newspaper or newscast, but newspapers, newscasts, and news itself appear as objective givens (Tuchman, 1978, p. 186).

Although audiences actively work to make sense of the text of news, they do not have the same ability to negotiate meaning with the communicator as a speaker does in conversation. In fact, sources may have more impact on the ways stories are framed and understood than readers do. Tuchman (1978) argues that while news agencies negotiate meaning with one another, once they present that “reality” to the reader, the reader has no voice in the negotiation of reality; s/he must accept or reject the picture that is presented as is (p. 214). In light of psychological and educational research, however, it is likely that the reader has more than just a moderate influence on the “reality” that s/he perceives to exist. Trunk (1997) asserts that Gamson argues for a focus on the way a message is framed as well as the cultural or societal influences rather than on the “myriad ways in which it can be decoded” by an audience (p. 13).

Frame Theory in Media Research

Analyses guided by frame theory can be conducted both quantitatively and qualitatively. Quantitative content analyses often approach framing from an agenda-setting perspective, defining framing as second-level agenda setting (e.g., McCombs, 1997). Qualitative content analyses approach framing more from a perspective that combines cognitive psychology and meaning construction. Roefs (1998) and Carragee and Roefs (1999) argue that although tension exists between quantitative and qualitative methods, a comprehensive study is better informed by the use of both traditions.

Mass communication research using frame analysis has developed along two dimensions: (1) media frames versus audience frames and (2) frames as independent variables versus frames as dependent variables (Scheufele, 1999). Analysis of media frames assumes that the way a news story is organized, written, packaged, and produced will affect the meaning a reader constructs from the story (Pan & Kosicki, 1993). Media advocacy research extends that assumption further, arguing that framing identifies not only problems deserving of public attention, but also should provide solutions (Wallack et al., 1993). Framing devices in news discourse include syntactical structure, script structure, thematic structure, and rhetorical structure (Pan & Kosicki, 1993). Analysis of audience frames invites consideration of decision making (Scheufele, 1999): How an argument is framed in a news story may affect what decision-making heuristics—e.g., availability, representativeness, and adjustment and anchoring (Tversky & Kahneman, 1982)—are used as the reader constructs his or her own meaning from the news story (Iyengar, 1991). In addition, source credibility has been identified as another heuristic that affects the meaning construction process (e.g., Gibson & Zillmann, 1993; Hovland, Lumsdaine, & Sheffield, 1965; Petty & Priester, 1994; Stamm & Dube, 1994; Straughan, Bleske, & Zhao, 1996).

Multimedia

Framing studies that examine a variety of media began with the works of Gamson and Modigliani (1989) and Entman (1991). These studies were primarily constructivist in nature and examined the texts for frames by comparing various types of coverage within the purview of selected issues. Other researchers have been influenced by the agenda-

setting framework (e.g., Domke et al., 1997 and Roberts et al., 1999) and Gitlin's (1980) view of media as perpetuating cultural hegemony.

Entman (1991) examined coverage of two military shootdowns of civilian airliners while Gamson and Modigliani (1989) looked at media discourse on nuclear power. Entman (1991) argues that the United States and Russian military acts in question—the U.S. Navy's downing of an Iran Air plane, killing 290 passengers and crew, and a Soviet fighter jet's downing of a Korean Air Lines plane, killing 269 passengers and crew—were framed differently: The first was depicted as an accident, the second as an aggressive act causing a tragedy. Gamson and Modigliani (1989) argue that coverage of nuclear power adopted first a progress frame, but that as accidents such as Three Mile Island and Chernobyl occurred, frames in various media shifted. For example, editorial cartoons adopted runaway and public accountability frames, and other media adopted runaway and devil's bargain frames after the Three Mile Island accident. Other frames evident in the media included non-cost effectiveness and public accountability. After Chernobyl, the authors argue that both pro-nuclear and anti-nuclear frames appeared, including the pro-nuclear progress frame, the anti-nuclear runaway frame, and the noncommittal frames of devil's bargain or nimby (not in my back yard). Although the authors argue that survey research has too many drawbacks to be used reliably to determine public opinion, particularly on issues that are not easily divided into a "pro-con dimension," they assert that public opinion poll data "provide indirect evidence for" the frames they have identified (p. 36, p. 34).

Roberts, Baker, and Cristal (1999) have examined the news coverage of the death of Ennis Cosby for the early part of 1997. Their study, informed by agenda-setting research, examines the frames used in news media coverage of the man's death and how those frames changed over time and across media outlets. They find a predominant use of the crime frame, which appears to be more of a topical frame than a structural frame or hegemonic frame, in the understandings fostered by Gamson et al., Gans, Gitlin, and Tuchman. They find the celebrity frame a close runner-up to the crime frame, regardless of the media, except in the news magazines, in which education, father-figure, and role model frames were also evident.

Domke, Fan, Fibison, Shah, Smith, and Watts (1997) have examined the impact of news media coverage on public opinion during the 1996 presidential campaign. The researchers examine the issues from a framing perspective, and although their coding categories initially were defined using a qualitative approach, the ultimate categories appear to be more quantitative in nature. The researchers note that they may have missed some of the emotional impact of the coverage because they ignored visual and graphic elements, focusing exclusively on the spoken and/or written text.

Woodard (1999) and Eblacas (1999) each provide literature reviews and preliminary analyses of media coverage of marginalized groups: black Americans and poor Americans. Woodard (1999) offers a literature review and partial analysis of the media coverage of the Susan Smith situation of 1994. In this case, Susan Smith, a young Caucasian woman, claimed that a black man had stolen her car with her two young sons in the back seat. When Smith later recanted her story, admitted drowning her two boys,

and was sentenced to life in prison, the media was reviled for perpetuating the stereotype of the violent black man. Although Woodard's treatment hints at the role media play in legitimizing and maintaining the hegemonic ideal, her analysis is not comprehensive in scope or method.

Eblacas (1999) argues that in avoiding the structural causes of American poverty in news coverage, journalists have not acknowledged the interaction between the economic system and poverty, thus maintaining the hegemonic ideals of American culture. In avoiding drawing relationships between economics and poverty, journalists instead have "relied on either portraying the poor as weak victims unable to fend for themselves or as behaviorally flawed people responsible for their own poverty" (Eblacas, 1999, 19). She also notes that much of the research that has been conducted on media portrayals of poverty have relied on media based in New York City, as if the city was "somehow representative of every city and town in America" (Eblacas, 1999, 20).

Bowie (1999) has investigated television and *New York Times* coverage of Native Americans and their activism from 1968 to 1979. She identifies several framing devices that are used: prominence, dominance, legitimacy, deviancy, and stereotyping, and she argues that prominence is used as a framing device to marginalize the culture and its coverage. Stories in the print media were relatively short and buried deep within the paper while broadcast stories were short and appeared late in the newscast. Dominance was assigned to the government through use of more official government sources. The author concludes that coverage of Native Americans and their activism affected the

public agenda but that this effect was limited and immediate, with Native American activism dropping off the public agenda when coverage decreased or ceased.

Print Media

Many studies of print media have employed frame theory as a guiding principle or have used frame analysis guided by other theories, such as agenda setting (Killebrew, 1999; Maher, 1999; McLeod & MacKenzie, 1998), audience selectivity (Husselbee et al., 1999), decision making (Shah et al., 1999), semiotics (Preston, 1999), and Gitlin's (1980) traditional idea of hegemony (Ashley & Olson, 1998; Entman & Rojecki, 1993; Lane, 1998). Other studies have used a cultural studies approach (Tucker, 1997) and a more traditional content analysis approach to determine bias (Fico & Cote, 1999).

McLeod and MacKenzie (1998) examine print media coverage of the National Endowment for the Arts and Robert Mapplethorpe art exhibit, "The Perfect Moment." They argue that controversies draw media coverage, which may incite public awareness, which may then lead to increased media coverage and active public participation. They also cite Lang and Lang (1981), noting that the media have their largest effect on high-threshold topics, those known only through the media or other outside means. In their examination of newspaper and newsmagazine stories, the authors found that the controversy did make news and was used by newsmakers (such as Sen. Jesse Helms in his 1990 re-election campaign). The authors measure public effect through attendance at Mapplethorpe's exhibits, and they argue that the controversy raised this high-threshold issue to the attention of the public, thereby increasing elite and public attention and media coverage.

Ashley and Olson (1998) examine how the print media, including *Newsweek*, *Time*, and the *New York Times*, framed the women's movement from 1966 to 1986. They argue that these media marginalized the women's movement by legitimizing anti-feminists and not legitimizing feminists. Some of the devices used to marginalize the women's movement included focusing on appearance, undercounting those in attendance at rallies and events, and focusing on dissension in the movement itself. The authors also found more of an emphasis on events of the movement rather than the movement's goals.

Fico and Cote (1999) examine structural characteristics of news stories about the 1996 presidential campaign that may affect readers' perceptions of partisan bias. These include source characteristics, balance characteristics, and organizational characteristics, such as circulation, size, and origin of news story. Using quantitative methods of coding and analysis, the authors found partisan and structural imbalances in election coverage. For stories originating in Michigan, newsroom-level factors, such as sources used, placement of stories on page one, and event coverage, were most influential. The authors conclude that "information-gathering imbalances translate into story structure imbalances" (135).

Ramsey (1999) examines science stories in several print media, including the *New York Times*, *Washington Post*, *Wall Street Journal*, *Los Angeles Times*, *Christian Science Monitor*, and *Boston Globe*, for source and other characteristics. The author found that these elite publications, despite perhaps deeper financial resources, did not provide more explanation of science topics or use a variety of sources. Instead, writers for these publications tended to use organizational spokespeople rather than scientists or

published documents. When scientists and supporting documents were used as sources, stories had more depth and offered a perhaps more critical view of the topic of the story rather than the “here it is, read it for yourself” sort of view of less critical or analytical reporters.

Tucker (1997) examines how the O.J. Simpson trial was portrayed by two Chicago-based newspapers, the Chicago *Tribune* and the Chicago *Defender*. Both newspapers used the “image of the racial divide as the central organizing framework for making sense of the public reaction to the Simpson verdict” (p. 321). Subordinate frameworks include the dichotomous black-white world as evidenced through mathematical proportions, cultural indicators, and source identification; racial divide; need for system-wide reform; pride versus racism; fear of white riot; and need for racial healing. The author concludes that the coverage of these two newspapers focuses on the dichotomy of black-white relations to the exclusion of other races and cultures as well as to the exclusion of those blacks and whites who don’t fit within the given subframeworks.

Killebrew (1999) examines proximity as an attribute of framing (conceived of as second-level agenda setting) that affects coverage of terrorist events. Studying two British and two U.S. newspapers, the author argues that when reported from a distance, terrorist acts are framed more politically than those that are closer in proximity. However, the author argues that proximity may play an even larger role in whether the story is reported at all, rather than simply in the way it is framed. While the author notes research suggesting that reporting with a criminal frame may be more effective in reducing such

attacks, the stories analyzed for this study did not employ a criminal frame often, and the criminal frame did not increase with increased proximity to the act.

In a study of 349 stories about the Mexican fires culled from the Nexis database from May 1998, Maher (1999) argues that “reporters are not reflecting scientists’ framing of environmental causality in the issue of vanishing forests and species” (p. 17). He examined the primary focus of the news story and found that while scientists frame the stories “in terms of population growth, global deforestation, and species loss ... [j]ournalists framed the fires chiefly in terms of how the smoke affected local health and recreation ... and human safety” (p. 17).

In their study of how the gun control controversy affects campaign issues and voting decisions, Shah, Domke, and Wackman (1999) found that “news frames influence the issue evaluations and subsequent decision-making strategies of citizens as they evaluate a political environment” (p. 24). Using a 2 x 2 experimental design, the authors exposed subjects to a series of four campaign-related newspaper articles. Three of the articles, on economy, education, and government cuts, were identical and contrasted the views of three candidates in a primary campaign. The fourth article, on gun control, was manipulated to focus on the ethical or material nature of gun control (cognitive aspects) in one version and a tone of high or low threat related to gun control. They found that subjects who interpreted the issue as an ethical one were more likely to use a non-compensatory decision-making strategy than were those with a material interpretation. The authors conclude that two conditions are necessary for maximizing non-compensatory decision-making strategies: the individual “must form an ethical

interpretation of at least one issue within the environment, and the ethical rational for candidate positions must be clearly stated” (p. 26).

In her study of the framing of Title IX in the *New York Times* and *Washington Post*, Lane (1998) argues that these elite newspapers used a patriarchal frame to maintain masculine hegemony and define “Title IX as a sports issue posing a threat to the existing male-controlled intercollegiate athletic system” (p. 14). She claims that this is the dominant frame of news coverage currently, even after two decades have passed. The focus of coverage, while acknowledging the “imbalance of resources,” was how the changes forced by Title IX affected the National Collegiate Athletic Association.

Entman and Rojecki (1993) examine stories on the U.S. anti-nuclear movement that were published in the *New York Times* and *Time* magazine. They argue that the front-page coverage in the *New York Times* offered official sources and views and effectively marginalized the anti-nuclear movement while coverage in *Time* focused more on the participants in the movement. They conclude, though, that the different angles of coverage had the same overall message: “that the nuclear weapons policies of the nation should not be dictated by the anxieties of an amorphous movement, one purportedly riven by discord” (p. 170). This message undermined the movement and served to support the political policies of the president.

Husselbee, Baker, Stanley, and Salter (1999) examine how elite newspapers framed the trial of a white supremacist who dragged a black man to his death in Jasper, Texas. The researchers identify seven frames, including Jasper as a community, the national image of the community, pre-crime race relations, post-crime race relations, jury service

concerns because of the trial, economic activity because of the trial, and the property tax increase that paid for the trial (Husselbee et al., 1999). The most common frames were the post-crime race relations, statements about Jasper, pre-crime race relations, and the national image of Jasper. The two most common of the frames also were favorable, including post-crime race relations and statements about Jasper, but within the remaining frames, unfavorable statements outnumbered favorable statements.

In one of two studies that expressly examines Kevorkian or coverage of physician-assisted suicide, Preston (1999) conducts a semiotic analysis of editorial cartoons depicting Kevorkian. Some of the signs used to signify Kevorkian include icons, such as an exaggerated nose, large ears, and large black-framed glasses. Indices included intravenous fluid bags with tubes and hypodermic needles, similar to Kevorkian's mercitron, or suicide machine. Only two cartoons expressly extended the imagery to include people with disabilities: one depicted blind justice, who was "identified as a prospect for Kevorkian's services because her disability leaves her with 'no useful life in front of her'" (6); and the other depicted an empty wheelchair with an attached IV pole and monitor juxtaposed with the papal chair and a judge's chair, bearing the inquiry: Which is the "best seat for deciding the morality of assisted suicide"? (p. 6).

Kalwinsky (1998) has applied Goffman's concept of frame analysis to the topic of physician-assisted suicide. He examines framing, which he defines as the use of thematic structure to construct and control a dominant meaning, and shows how meanings are imposed on the issue of physician-assisted suicide by reporters and how sources shape the

accounts. He identifies multiple frames that were used chronologically in coverage of physician-assisted suicide by the *New York Times*.

Early frames establish Jack Kevorkian as a central element in the narrative as an icon or symbol of physician-assisted suicide. Within the early coverage, Kevorkian's status as an official source gives credence to his opinions and provides an individual for the news coverage to focus upon. This changes to a frame of the individual trying to change a hypocritical society, which later is transformed into individual rights and individual autonomy frameworks. Standards of objectivity allow Kevorkian's dissonant voice to seep into coverage that portrays physician-assisted suicide as killing or murder through the official voice of the law. The lexicon used to describe physician-assisted suicide changes to aid-in-dying, facilitated by political initiatives, and more official sources join the chorus heralding physician-assisted suicide.

In later coverage, Kalwinsky identifies a frame shift to that of a divided society that mostly supports physician-assisted suicide. Patients are mostly ignored, and when they are discussed, it is in clinical terms, making them "fringe elements in a technocentric society" (p. 100). Religious voices join the portrayal, adding another reliable source and transforming Kevorkian's image from a rebel against the system to a saint helping the oppressed. When legal and judicial sources later are included, a new frame begins, highlighting opposition to physician-assisted suicide. At this point, underlying ideological issues become the focus of coverage and Kevorkian's image shifts to that of pawn. Religious sources are framed as hypocritical and patients as manipulative and childlike; a tone of paternalism threads through news coverage.

Toward the end of the time period under study, Kalwinsky notes that terminology that evokes images of fights is used, and paternalism is the dominant frame of medical coverage. Government is portrayed as part of the problem, especially in light of individual freedoms. Kalwinsky emphasizes that the voices of the elderly, terminally ill, and disabled—the likely beneficiaries of physician-assisted suicide—are notably absent in all coverage. Medical and other professionals dominate as sources, and patients are included rarely. The use of a science/medicine framework ensures readers that will bow to technology and that sensitive issues such as morality, ethics, and religion will be obscured.

As an official source, Kevorkian was partially able to direct the news frame to mesh with his intent, bringing it from a focus on his activities (events) to a larger cultural domain. The rhetorical stance of the news at present simplifies the judicial proceedings, serving to reassure us of their seamless operation. Religious concerns present a safely contained oppositional voice. Socially significant elements such as the presence of depression in a supposedly well-functioning society are concealed. The government and its capacity to create social programs, such as increases in hospice service, are instead framed as part of the problem. News frames the defiance of societal codes through redefinition, concealment, or use of the Other (Kalwinsky, 1998, pp. 107-8).

Television

Framing studies of television programming, like those of print media, also often are informed by other theoretical frameworks, such as agenda setting, decision making (Iyengar, 1991), exemplification (Daschmann & Brosius, 1999), or information integration (Fujioka, 1999). Several of these approaches as well as Engstrom's (1999) study, which examines television's effectiveness at maintaining cultural hegemony (as described by Gitlin, 1980), will be examined.

Iyengar (1991) argues that "television news frames play an important role in shaping attributions of political responsibility" (p. 128). Television's reliance on episodic framing, which focuses on specific events rather than the underlying themes or implications, arguably affects viewers' opinions about various issues, such as crime, unemployment, and other political hot potatoes. Iyengar discusses other decision-making heuristics, including accessibility, availability, and representativeness, as they affect people's decisions about politics and substantive issues. He concludes that such episodic framing in television coverage "contributes to the trivialization of public discourse and the erosion of electoral accountability" (p. 143).

Fujioka (1999) examines television effects on stereotypical beliefs for people who lack direct experience with a particular group. The findings of this study suggest that how positively respondents evaluate a particular portrayal affects their perceptions more than the sheer volume of televised portrayals seen. Specifically, respondents who perceive a portrayal as negative also are more likely to hold negative stereotypes of the group portrayed. However, this study did not clarify a causal relationship, meaning that

previously held stereotypical beliefs could have affected evaluation of portrayal or vice versa.

Daschmann and Brosius (1999) examine the impact of the use of exemplars in television magazine programs. They argue that exemplars are selected by journalists, who are “seeking to underscore certain aspects of an issue” (Daschmann & Brosius, 1999, p. 36). They find that the majority of German television magazine programming portrays general problems using exemplars, which often are cited without sources and vaguely. The exemplar that is used in a particular story supports the generalization. Such a focus on exemplars may lead viewers to believe that problems portrayed by the programs are more urgent or dramatic than they really are.

Engstrom (1999) argues that reality-based programming that appears on television and cable stations can contribute to cultural hegemony. In her study of the Lifetime cable channel program, *A Wedding Story*,” Engstrom (1999) identifies various rituals, artifacts, and cultural mandates that permeate the afternoon program. She argues that this program depicts and perpetuates a capitalistic, consumer-driven, materialistic, white culture, largely ignoring other races, cultures, sexual orientations, and non-patriarchal ideals.

Source Issues

While the way issues and events are framed in media coverage can be informed by various theoretical perspectives, another aspect of news coverage that can affect the framing of an issue is the sources that are used as the frame is developed. Source credibility can serve as a heuristic (Tversky & Kahneman, 1982) that readers use as they strive to construct meaning from and make sense of news stories (see, e.g., Gibson &

Zillmann, 1993; Hovland, Lumsdaine, & Sheffield, 1965; Petty & Priester, 1994; Stamm & Dube, 1994; Straughan, Bleske, & Zhao, 1996).

Slater and Rouner (1996) argue that quality of messages and initial source credibility assessments independently and together affect assessments of source credibility subsequent to message exposure. Source and message characteristics interact and affect belief change. Gibson and Zillmann (1993) found that print reports that included direct, one-sided, anti-safety quotes affected reader's perceptions of amusement park safety more than paraphrased testimony. In Fredin and Tabaczynski's (1993) survey of Ohio newspaper readers, they found that readers find quotes and background information lacking in informational value. The more readers read using a "between-the-lines" information processing strategy, the more critical they are. Negative schemata, such as thinking that media are beholden to special interests and present too much bad news, lead to increased reading between the lines and increased reader dissatisfaction with quotes and background material.

In their examination of source utilization at 21 top-circulation newspapers as listed in *Editor & Publisher*, Powers and Fico (1994) surveyed journalists about their use of sources as well as factors that influence their decisions to use or not use particular sources. Powers and Fico found that source credibility, source accessibility, and time pressure were the most influential factors while advertising pressure, source gender, and newspaper policy on political issues were the least influential factors. They conclude that organizational pressures are less influential than journalists' own beliefs about source qualities. However, organizational constraints do affect source selection. And, as

experience increases, a reporter's reliance on official sources and anonymous sources decreases, suggesting that "experienced journalists may be more skeptical of accessible, public spokespersons or other authorities" (Powers & Fico, 1994, p. 94).

Ramsey (1999) identifies several sources that she then correlates with measures of conflict, breadth, and depth in science stories that were published in major, elite newspapers. She identifies sources that include research reports and scientists. As she then categorizes stories by the number of sources, she finds that depth in science stories is related to use of research reports, scientists, and more than three sources. She argues that newspapers with more financial and staff resources may not produce stories with more sources or more elaboration. Additionally, organizational spokespeople are often used more than scientists and research reports.

Haller (1996) has analyzed elite newspapers and newsmagazines to determine how stories on the Americans with Disabilities Act were framed and what sources were used in these stories. While the ADA posed a civil rights issue, the stories often were framed using stereotypes and business cost issues. Because the ADA was a legislative issue, governmental and official sources were used frequently, as were business sources. Government officials and other prestigious sources, such as doctors, politicians, and business people, are used more often in news coverage for a variety of reasons, credibility and availability being most important. Haller argues that because media are businesses that are affected by the ADA's requirements, they would be likely to include business sources and emphasize the arguments of businesses. She claims that although the ADA affects several areas of discrimination against people with disabilities, including

employment and transportation, the architectural access issue was the root cause identified by most news coverage as the underlying reason for the legislation. She argues that because the architectural access issue is both visible and expensive, and as such, affects businesses, it was a common frame of coverage.

Hindman, Littlefield, Preston, and Neumann (1999) examine the effect of cultural pluralism on newspapers' representations of community diversity, including topics covered, sources used, and stories published. They found that editors in more diverse communities (including ethnically, racially, and/or religiously diverse groups, and other minority groups, such as people with disabilities) were more likely to include members of these minority groups on lists of important news sources. Additionally, editors who include members of minority groups on lists of important news sources are more likely to consider coverage of these minority groups as important.

Grabe, Zhou, and Barnett (1999) examine sourcing patterns in two television magazine programs. They note that other researchers have found a strong bias toward using governmental or business sources—half to three-fourths of sources in print news media are affiliated with local, state, national, or international governmental officials. They also cite Ericson, Baranek, and Chan (1989), who argue that such elite sources often make statements that are accepted as fact without question or further analysis. Additionally, the authors cite several studies that point toward the lack of inclusion of females in the news. Specifically, they cite other studies showing only 10% of sources in print news are female; while official sources are six times more likely to be male, eyewitnesses are equally likely to be male or female. News sources also are most

commonly Caucasians, as are reporters, who are also more likely to be male. In their examination of *60 Minutes* and *Hard Copy*, Grabe et al. (1999) found that sources were most likely to be personally involved in the story, 13.2 percent were experts, 13.1 percent gave non-expert opinions, and nearly 9 percent were people in official positions of power. The tabloid program was less likely than *60 Minutes* to use sources who were personally involved as well as official sources, but the tabloid program was more likely to use sources who shared gossip and non-expert opinions. Because they found that elite sources, including academics, business people, and official sources, were five times more likely than everyday, working-class people to appear in these television magazine programs, they argue that “through sourcing, news reaffirms the social and economic positions of those in power” (p. 306).

Research Questions and Hypotheses

Based on a thorough review of the literature, a series of research questions and hypotheses have been formulated. Preceding each question or hypothesis or series of questions or hypotheses is a brief review of the literature discussed previously.

Several articles have established the presence of frames and their purpose in extending or creating media coverage of issues and events. For example, Entman (1991), Entman and Rojecki (1993), Gamson and Modigliani (1989), and others have established that various controversial issues and events have been framed to various ends by media outlets. Iyengar (1991) argues that the episodic framing used frequently by television news programs tends to downplay underlying themes and overriding issues in favor of quick, cause-effect relationships. Kalwinsky (1998) identified several frames that have

been used in the *New York Times*' coverage of physician-assisted suicide and Jack Keivorkian, including individual rights, science/medicine, and rebel to saint. Roberts et al. (1999) examined coverage of the death of Ennis Cosby, finding that while the crime frame dominated most coverage, other frames included those of Ennis and his father, comedian and actor Bill Cosby, as celebrity, father figure, and/or role model. This literature was the basis for the first research question. In their examination of print media coverage of the Jasper, Texas, dragging death of a black man, Husselbee et al. (1999) found that several frames were used, including pre- and post-crime race relations, national image, and statements about the town itself.

The above literature shaped the development of the first research question:

RQ1: What frames are used in Michigan newspaper stories about physician-assisted suicide and/or euthanasia? What frames, if any, dominate news stories?

In addition to establishing that media outlets have used a variety of frames as they cover controversial issues, Entman (1991), Gamson and Modigliani (1989), and Roberts et al. (1999) have shown that the frames used by these outlets can change over time. Some researchers argue that the change in frames may serve to marginalize socially unacceptable groups or issues while elevating to prominence official sources or interpretations. McLeod and MacKenzie (1998) found that controversy makes news, and increased controversy and public attention serve to increase media coverage. This literature on framing led to the formation of the following research question:

RQ2: How does framing of stories about physician-assisted suicide change over time?

Whether a source is perceived as credible can affect the salience and importance audience members ascribe to a particular media frame (Tversky & Kahneman, 1982; Gibson & Zillmann, 1993; Petty & Priester, 1994; Stamm & Dube, 1994; Straughan et al., 1996; Slater & Rouner, 1996). Kalwinsky (1998) found in his study of New York Times coverage of physician-assisted suicide that medical and other professionals—official sources—are included more than patients. Official sources also were included most often in televised news magazine programs (Grabe et al., 1999). Powers and Fico (1994) found that experienced journalists, however, were less likely to depend on official sources. Overall, journalists' own beliefs about source attributes have the greatest influence on their use of particular sources, but organizational pressures and experience also have a strong influence. In a study of elite media coverage of science news, Ramsey (1999) found that public information officers, rather than scientists or research reports, were the most common sources. Additionally, use of multiple sources was related to more in-depth coverage of science topics. Hindman et al. (1999) found that editors in more diverse communities were more likely to include minority sources, including people with disabilities. And, in a study of media framing of the Americans with Disabilities Act, Haller (1996) found that official sources, including government and business sources, were used commonly, likely because of their perceived credibility.

Based on the above literature, the following two questions were developed:

RQ3: What sources are relied upon in Michigan newspaper stories about physician-assisted suicide and/or euthanasia? What sources, if any, dominate news stories?

RQ4: How does sourcing for stories about physician-assisted suicide change over time?

Research questions 5 and 6 were formulated to examine whether the historical context of these two states played a role in their coverage. The three elite national newspapers were chosen because they have been identified as driving the news coverage of regional and state newspapers across the nation (Hachten, 1998). The Michigan and Oregon newspapers were chosen on the basis of daily circulation figures and are included because of these states' prominence in the physician-assisted suicide and euthanasia movements. In 1994 Oregon passed a law allowing physician-assisted suicide while in 1998 Michigan residents voted down a law that would allow physician-assisted suicide. Because of the legislation as well as Derek Humphry's location of the Hemlock Society in Eugene, Ore., and Jack Kevorkian's activity in Michigan, these two states are expected to have several news stories about euthanasia and/or physician-assisted suicide, perhaps more than other states, and as such will offer a larger population of news stories to examine. These two questions also were informed by a study of the impact of community structure on newspaper coverage of physician-assisted suicide (Yulis & Pollock, 1999).

RQ5: What kinds of differences in framing exist among the four Michigan newspapers?

RQ6: What kinds of differences in sourcing exist among the four Michigan newspapers?

Research by Ashley and Olson (1998), Bowie (1999), Entman and Rojecki (1993), Fujioka (1999), and Gitlin (1980) helped inform the following hypotheses. Ashley and

Olson (1998) found that by legitimizing anti-feminists and delegitimizing feminists, the print media they examined marginalized the women's movement. Some of the devices the researchers identified included journalists' focus on events instead of issues related to feminism. In addition, in covering events, journalists focused more on appearance, underestimated the number attending the events in question, and focused on dissension within the movement. Ashley and Olson (1998) argue that social groups that are covered regularly by the press are considered by the press to be important. When techniques such as using quotation marks to set off words or phrases are used, these tend to trivialize a group, as does a focus on appearance and internal dissension. The focus on violence may serve to mark a group as deviant, or as not remaining within acceptable social boundaries. Emphasizing events over issues takes the focus off the group and puts it on the actions, perhaps even emphasizing trivial details such as weather or numbers of bystanders.

Bowie (1999) found that prominence, dominance, legitimacy, deviancy, and stereotyping were used as devices to frame Native American activism and activists as unimportant and marginal. The use of official sources rather than Native American sources made the Native Americans seem inferior and less legitimate. Entman and Rojecki (1993) found that coverage in the New York Times served to marginalize the anti-nuclear movement through the use of official sources and viewpoints while ignoring the participants in the movement. Fujioka (1999) found that when audience members perceive the portrayal of a group as negative, they also are more likely to hold negative, stereotyped opinions of that group. And, in his study of the leftist group, Students for a Democratic Society, Gitlin (1980) found that the more "outside the dominant realm of

discourse” an opposition movement is, the more likely it is to be marginalized. Likewise, as a movement adopts the conventions of the majority and gains credibility, the more likely it is to “be assimilated into the hegemonic political world view” (pp. 290-291).

Gorham’s research on racial stereotyping in media (e.g., 1995, 1998) argues that “stereotypes in the media can maintain unjust, harmful, and dominating understandings of race by influencing the way individuals interpret media text. Such priming can occur whether or not the individual involved necessarily believes in the stereotype” (Gorham, 1995, p. 25). Additionally, Gorham (1998) argues that stereotypical media portrayals “contribute to the maintenance of particular stereotypes by contributing to the automaticity of certain stereotypic associations and their attendant interpretations” (p. 16). In light of the research on disability portrayals that shows stereotypical portrayal of disability as the norm (Signorielli, 1993), these conclusions from research on mediated portrayals of racial stereotypes show that such portrayals may perpetuate inaccurate understandings of people with disabilities regardless of whether audience members believe those stereotypes.

Based on the above literature, the following research questions and hypothesis are posed:

RQ7: How are people with disabilities framed?

RQ8: Does Michigan newspaper coverage of physician-assisted suicide and/or euthanasia emphasize events more than issues?

H1: Other sources will be used more often than people with disabilities in Michigan newspaper stories about physician-assisted suicide and/or euthanasia.

CHAPTER 3 METHOD

“Qualitative research captures multiple versions of multiple realities”
(Coffey & Atkinson, 1996, p. 163).

This study examines news coverage of euthanasia, physician-assisted suicide, and physician-assisted death in four Michigan newspapers. Qualitative research methods are used within the construct of frame analysis to examine the content of articles about euthanasia, physician-assisted death, and physician-assisted suicide. The purpose of this analysis is to discover the frames that are used in news coverage, as well as the sources, angles (pro, con, neutral), and arguments that are included in news stories about these topics. Because all research, whether qualitatively oriented or quantitatively oriented, is “guided by a set of beliefs and feelings about the world and how it should be understood and studied,” (Denzin & Lincoln, 1994a, 13), it is important to explain the theoretical basis for this study as well as the theoretical sensitivity of the researcher. Theoretical sensitization (Strauss & Corbin, 1994, p. 280) comes from “training, reading, and research experience, as well as explicit theories that might be useful if played against systematically gathered data, in conjunction with theories emerging from analysis of these data” (Strauss & Corbin, 1994, p. 277).

Huberman and Miles (1994) argue that a methods section for a qualitative study should include the rationale for sampling decisions within and across cases, a description of instrumentation and data collection operations, a database summary, an overview of

the analytic strategies that were used, and inclusion of key data displays that support the main conclusions. As a result, this chapter first discusses qualitative methodology. Then the specific research technique of qualitative content analysis is discussed, addressing sample selection, coding decisions, and data analysis techniques.

Qualitative Methodology

Qualitative research methods were chosen for this study, which examines the frames evident in news coverage of physician-assisted suicide and euthanasia as well as characteristics of the coverage, including sources used, placement of stories, and the amount of coverage. Narrative analysis of news coverage of physician-assisted suicide and euthanasia in the four Michigan newspapers from January 1996 to June 1999 was conducted. This time frame was selected to provide news stories about these issues from before the Michigan voters' initiative to legalize physician-assisted suicide was placed on the 1998 ballot to after Kevorkian's conviction and sentencing in early 1999.

The use of a qualitative approach allows for a credible representation (Lindlof, 1995) of the underlying characteristics of the news coverage, including the frames and the devices used to create them such as themes, sources, metaphors, euphemisms, and visual elements (Entman, 1993). "[Q]ualitative researchers seek to preserve the form and content of human behavior and to analyze its qualities" (Lindlof, 1995, p. 21). Qualitative research can use different techniques, such as interviews, participant observation, documentary analysis, case studies, and other personal experiences, to reveal the social world. Despite the fact that qualitative research is shaped by the interests and experiences of the researcher, it is important to remember that all research is "filtered

through the lenses of language, gender, social class, race, and ethnicity. There are not objective observations, only observations socially situated in the worlds of the observer and the observed” (Denzin & Lincoln, 1994a, p. 12). As a result, the use of qualitative methods of inquiry also allows the journalists who are shaping the news coverage of physician-assisted suicide and euthanasia to become a part of the research inquiry.

Lindlof (1995) asserts that qualitative research inquiries can be grounded in praxis, which is the study of how values and knowledge interact and “are engaged through practical action and argument” (p. 76). He notes that such research can help reveal “suppressed or unpublicized perspectives” (Lindlof, 1995, p. 76). Evaluation of qualitative analyses differs from traditional quantitative evaluation criteria of reliability and validity. Some of the criteria that are used to evaluate qualitative studies include credibility, transferability, dependability, and confirmability (Denzin & Lincoln, 1994a; Lincoln & Guba, 1985). These criteria are assessed through a variety of rigorous strategies, including triangulation, negative case analysis, peer debriefing, member checks, reflexive journals, and independent audits (Lincoln & Guba, 1985).

For this study, triangulation is conducted by using document analysis, multiple coders, and an examination of the cultural context of the events and resultant news coverage. Use of multiple coders helps to establish and maintain confirmability as well as helps to represent adequately and believably the realities of the documents being studied. Thick description of the news coverage should help to separate relevant factors from irrelevant ones (Lincoln & Guba, 1985) and thus help establish transferability while a detailed audit trail will allow for a dependability check.

Grounded theory is one of several methods that can be employed in qualitative research. This method emphasizes theory development and verification by adherence to such standards as theoretical sampling and systematic coding (Strauss & Corbin, 1994). One of the features of a grounded theory approach is the use of the “constant comparative method” (Strauss & Corbin, 1994, p. 273). Grounded theory takes into account the context of the study, including culture, history, and the researcher him- or herself:

Knowledge is, after all, linked closely with time and place. When we carefully and specifically build conditions into our theories, we eschew claims to idealistic versions of knowledge, leaving the way open for further development of our theories (Strauss & Corbin, 1994, p. 276).

Strauss and Corbin (1994) argue that grounded theory is grounded in its “interplay with data and developed through the course of actual research” (p. 278). It helps researchers as they strive to produce “conceptually dense” theory, research that reports relationships that are “embedded in a thick context of descriptive and conceptual writing” (Strauss & Corbin, 1994, p. 278). These concepts include the “*patterns* of action and interaction” as well as the “*process*” of assessing these patterns (emphasis in original, Strauss & Corbin, 1994, p. 278). Ideally, because grounded theory is interpretive, provisional, and delimited by time, it can and should be qualified through elaboration and partial negation as data are analyzed and measured against the developing theory.

Qualitative Content Analysis

Manning and Cullum-Swan (1994) describe macrotextual analysis as the “verbalization and representation of society and groups through words. ... The approach views texts as symbolic action, or means to frame a situation, define it, grant it meaning,

and mobilize appropriate responses to it” (p. 465). Traditional approaches to qualitative content analysis have included semiotics and structuralism, both of which assume a social construction of reality. Semiotics is the analysis of text based on symbolic systems, including signs, icons, paradigms, expressions, and fields. These can include denotative, connotative, and allegorical meanings. Structuralism, on the other hand, breaks the whole into its component parts based on the “underlying rules, principles, or conventions that produce surface meaning” (Manning and Cullum-Swan, 1994, p. 467).

Texts that are qualitatively analyzed are coded differently than are texts that are quantitatively analyzed as Holsti (1969) described. Coffey and Atkinson (1996) describe the qualitative coding process as “a mixture of data reduction and data complication” (p. 30). It involves “organizing the data into meaningful categories” (Coffey & Atkinson, 1996, p. 36), recognizing and recontextualizing data, and finding “links between particular segments of data and the categories we want to use in order to conceptualize those segments” (Coffey & Atkinson, 1996, p. 45). The process of coding is negotiated, not mechanistic, therefore codes are not immutable (Coffey & Atkinson, 1996).

Coffey and Atkinson (1996) identify several steps in the coding process, including data retrieval, data exploration, and data transformation. Data retrieval involves arranging the recontextualized data in such a way that they can be read easily (Coffey & Atkinson, 1996). Data exploration encompasses the recoding and linking of existing codes. In this step, “the categories can be retrieved, split into subcategories, spliced, and linked together... to make pathways through the data” (Coffey & Atkinson, 1996, p. 46). In data transformation, the researcher examines the emerging “patterns, themes, and regularities

as well as contrasts, paradoxes, and irregularities ... and (moves) toward generalizing and theorizing from the data” (Coffey & Atkinson, 1996, p. 47).

While Holsti (1969) focuses primarily on quantitative content analyses, qualitative content analysis employs some different criteria for judging reliability and validity. Triangulation is one strategy that can be used to assess the confirmability and credibility of qualitative findings. It “involves a comparative assessment of more than one form of evidence about an object of inquiry” (Lindlof, 1995, p. 239). For example, multiple methods may be used to analyze a research problem or multiple investigators may be used. Member checks offer another strategy for assessing the dependability and credibility of findings. This involves sharing “hypotheses, concepts, interpretations, or explanations with members of the local culture” and accruing “critiques from individuals who are both ‘insiders’ (to the culture) and ‘outsiders’ (to the project)” (Lindlof, 1995, pp. 240-241).

Sample and selection

As mentioned earlier, this study examines news coverage of euthanasia, physician-assisted suicide, and physician-assisted death in four Michigan newspapers: the *Detroit Free Press*, the *Detroit News*, the *Grand Rapids Press*, and the *Lansing State Journal*. Yulis and Pollock (1999) argue that examination of regional coverage is important as they were unable to identify a national agenda-setting newspaper in their examination of community structure and its relationship to coverage of physician-assisted suicide. The Michigan newspapers were chosen on the basis of daily circulation figures and are

included because of this state's prominence in the physician-assisted suicide and euthanasia movements. (See Appendix B.)

In 1998 Michigan residents voted down a law that would have legalized physician-assisted suicide. Because of the legislation as well as Jack Kevorkian's activity in Michigan, this state is expected to have several news stories about euthanasia and/or physician-assisted suicide, perhaps more than other states, and as such will offer a larger population of news stories to examine. (See Appendix A for a chronology of Kevorkian's activity in Michigan.)

Although euthanasia and physician-assisted suicide are topics that predate this time frame considerably, the topics rose to a position of prominence on the public agenda because of the *Quinlan* case (1976) and the *Cruzan* case (1990). Additionally, Jack Kevorkian, noted for his commitment to physician-assisted suicide, rose to prominence in 1990 after the creation of his suicide machine and the death of his first "client," Janet Adkins. And, the topic of physician-assisted suicide rose to the forefront in Oregon with the establishment of the Hemlock Society and the passage of the Right-to-Die law in 1994, which took effect in 1997 (Cain, 1999).

The stories for analysis were collected from November 1999 to February 2000 at the Library of Michigan in Lansing, Michigan. The *Detroit Free Press* and *Detroit News* were searched and printed using two CD-ROM databases, Dialog On-Disc for Windows and NewsBank, Inc., respectively. The researcher first tried to use local indices for the *Lansing State Journal* and *Grand Rapids Press* to identify stories that would fit the constraints of the study, but these indexed only locally written stories. Regional, state,

and national stories were indexed only if the event or issue at hand had a direct local effect. As a result, all microfilm rolls for the *Grand Rapids Press* and the *Lansing State Journal* were examined for stories related to physician-assisted suicide.¹ Key words used for culling articles from the databases and microfilm included assisted suicide, physician-assisted suicide, physician-assisted death, Kevorkian, and euthanasia.

Although the entire population of articles from the time period under consideration could not be examined, the sampling frame that was chosen was substantial. Because of the large number of stories that appeared in these four newspapers from January 1996 to June 1999, a multistage, cluster, stratified random sample was constructed to facilitate data analysis. The sample included 28 days per day of the week, divided into eight each for 1996, 1997, and 1998, and four for the six-month period of 1999. All of the days of the week in each year were numbered. For example, the total number of Mondays was counted in each year and numbered consecutively from one to 51, 52, or 53. Then, using a random numbers table to identify numbers within the range for a particular day of the week and particular year, eight issues per day of the week per each full year from 1996 to 1998 and four issues per day of the week for 1999 were selected. Once the numbers corresponding to the days of the week were identified, the corresponding date was identified and all articles in all four newspapers that appeared on that day were copied for analysis.² (See Appendix C.)

¹ One microfilm roll (January 11-20, 1996) for the *Grand Rapids Press* could not be found. An extensive library search was performed, but the roll could not be found and any existing stories on the two affected dates (Jan. 11 and Jan. 17) therefore could not be analyzed.

² Because the 1999 coverage was very sparse, only 16 items—and only items from January through June were included—only information from 1996, 1997, and 1998 will be included in analyses.

Coding of items

Frames that appear in these stories were examined and coded using the constant comparative method. Although a story can have more than one frame, it is likely that one frame will dominate the story. The operative definition of a frame was based on Clogston's theoretical framework as well as the literature on framing (Entman, 1991, 1993; Gamson & Modigliani, 1989; Kalwinsky, 1998; Bowie, 1999; Ashley & Olson, 1999).

Story devices that were examined include those derived from agenda-setting studies (e.g., Pan & Kosicki, 1993) as well as framing analyses (Entman, 1991, 1993; Gamson & Modigliani, 1989; Bowie, 1999; Ashley & Olson, 1999). These devices included placement of the story, length of the story, derivation of the story (including wire service, staff reporter, syndicate, or non-staff), the sources that are included in the story, the visual or graphic elements connected with the story, the structure of the story (e.g., news, feature, or editorial), the main topics of the story, and the overall viewpoint and overall tone of the story. Leads and the number of words in news stories also were analyzed.

Using the coding sheet and guidelines (Appendix D), the primary author coded the stories, which were collected from November 1999 to February 2000 using CD-ROM databases and microfilm. A second coder coded 20 percent of the stories. The goal of the second coder was to help negotiate categories and to enrich established categories, which is a form of triangulation (Lincoln & Guba, 1985). Using a second coder also helps to establish reliability because procedures are described clearly enough so that others can understand, reconstruct, and scrutinize them (Miles & Huberman, 1994, p. 281). All

categories were coded using the constant comparative method (e.g., Lindlof, 1995), and agreement on categories and coding was attained in advance of the bulk of the coding. Items were shuffled prior to coding in order to minimize chronological and coder fatigue effects.

Data Analysis and Techniques

Newspaper stories were coded using the constant comparative method to find emergent themes and categories. This method was advocated as a strategy for qualitative data analysis by Glaser and Strauss (1967, cited in Lincoln & Guba, 1985). This method “makes explicit the continuous and simultaneous nature of data collection and processing” (Lincoln & Guba, 1985, p. 336). Because this method developed within a sociological framework, its purpose was seen as to enable “prediction and explanation of behavior” (Lincoln & Guba, 1985, p. 339). As such, it is a method for deriving grounded theory, or theory that is “inductively derived from the study of the phenomenon it represents” (Strauss & Corbin, 1990, p. 23).

Lincoln and Guba (1985) identify four stages of coding in the constant comparative method; however, Strauss and Corbin (1990) identify three types of coding (open, axial, and selective) and argue that these types are delineated somewhat artificially and do not necessarily occur in neatly packaged stages. Lincoln and Guba describe the first stage as one of categorizing the data; then the incidents within categories are compared. Next, they argue, these data-based categories are integrated by comparing across categories and combining categories with similar properties. Then the theory is delimited, meaning it is limited according to the categories and findings. Finally, the theory is written. Lincoln

and Guba (1985) emphasize that these “stages” are recursive, not linear. Until analysis is complete, earlier stages are invoked simultaneously with later stages until an explanatory or predictive theory emerges.

The first “stage” that Lincoln and Guba identify is somewhat equivalent to that of open coding, or “the process of breaking down, examining, comparing, conceptualizing, and categorizing data” (Strauss & Corbin, 1990, p. 61). Lincoln and Guba (1985) describe Spradley’s process of “domain analysis,” through which several relationships, including spatial, sequential, functional, and inclusive, are used to categorize the data. This is less inductive than the open coding process of conceptualizing data and then categorizing them that Strauss and Corbin (1990) describe. Within this “stage,” data in the emergent categories constantly are reassessed and compared with other data. Generally, two sorts of explanatory and/or descriptive (Lincoln & Guba, 1985) categories emerge: *etic*, or those named by the researcher, and *emic*, or those that are named by the informants.

Lincoln and Guba (1985) describe the second stage as one in which data in categories are compared against the category rules, or descriptions, that have emerged. This parallels Strauss and Corbin’s (1990) axial coding, or “making connections between a category and its subcategories” and re-relating the data (p. 96). Once categories have been identified, properties that define the category can be established. Strauss and Corbin (1990) describe this as “specifying a category (phenomenon) in terms of the conditions that give rise to it” (p. 97). These conditions can include the context, the action/interaction strategies, and the consequences of the strategies (Strauss & Corbin,

1990). In this second stage, the data that have been sorted into categories are compared against those properties to see if they fit, need to be moved to another category, or whether the category itself needs to be subdivided. Lincoln and Guba (1985) argue it is best when these first two stages can be conducted simultaneously with data collection; however, Strauss and Corbin (1990) emphasize that “although open and axial coding are distinct analytic procedures, when the researcher is actually engaged in analysis he or she alternates between the two modes” (p. 98).

The third stage that Lincoln and Guba (1985) identify is that of delimiting the theory, or rearticulating categories and integrating or reducing categories so as to facilitate theory construction and closure. This is functionally equivalent to Strauss and Corbin’s (1990) concept of selective coding. Selective coding is “the process of selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development” (Strauss & Corbin, 1990, p. 116). In this “stage,” as categories become saturated, meaning either redundant or “so well defined that there is no point in adding further exemplars to them” (Lincoln & Guba, 1985, pp. 343-44), the theory and its criteria emerge from the data and can then be written or compared against an existing theoretical construct (the fourth stage).

Huberman and Miles (1994) define data management as “the operations needed for a systematic, coherent process of data collection, storage, and retrieval” (p. 428). Data analysis involves data reduction, data display, and conclusion drawing that occurs before, during, and after data are collected (Huberman & Miles, 1994). The recursive cognitive

processes involved in data reduction and display and drawing data-based conclusions include comprehending, synthesizing, theorizing, and recontextualizing (Morse, 1994).

Data reduction occurs “as the researcher chooses a conceptual framework, research questions, cases, and instruments: (Huberman & Miles, 1994, p. 429). Once data have been collected, data reduction includes summarizing, coding, finding themes, and clustering ideas. Data reduction also may include what Morse (1994) describes as comprehending. Techniques for comprehending include gaining background knowledge that can be used to provide a theoretical context but keeping that knowledge from contaminating the researcher’s perspective; making descriptive notes frequently and completely; keeping literature and “non-data knowledge” of the topic separate from the data; and making rich description (Morse, 1994).

Huberman and Miles (1994) define data display as “an organized, compressed assembly of information that permits conclusion drawing and/or action taking” (p. 429). Some techniques for displaying data include summaries, diagrams, and matrices. Data display also involves synthesizing the data. Synthesizing is “weeding the significant from the insignificant” (Morse, 1994, p. 30).

Conclusion drawing and verification engages the researcher in “interpretation: drawing meaning from displayed data” (Huberman & Miles, 1994, p. 429). Techniques identified by Huberman and Miles (1994) include the constant comparative method, “noting patterns and themes, clustering, and use of metaphors to confirmatory tactics such as triangulation, looking for negative cases, following up surprised, and checking results with respondents” (p. 429). Morse (1994) has identified theorizing and

recontextualizing, both of which are recursive processes that help the researcher to draw and verify conclusions about the data. Theorizing involves “constant development and manipulation of malleable theoretical schemes until the ‘best’ theoretical scheme is developed” (Morse, 1994, p. 32). Recontextualization is the “development of the emerging theory so that the theory is applicable to other settings and to other populations. ... In the process of recontextualization, the work of other researchers and established theory plays a critical role” (Morse, 1994, p. 34).

Analyses can be conducted within single cases or across cases (Huberman & Miles, 1994). Within-case analyses are simultaneously descriptive and explanatory. The explanation of causation is necessarily contextual and retrospective, according to Huberman and Miles (1994). Cross-case analyses require a focus on “more abstract common characteristics” (Huberman & Miles, 1994, 435). Strategies for cross-case analysis include replication, thematic or pattern verification, and interactive synthesis (Huberman & Miles, 1994).

CHAPTER 4

RESULTS

“Kevorkian’s trial and the principle of a ‘right to die’ are quite apart from the end-of-life issues that most people will face. The profound question for society to resolve is whether people will have the ability to finish their lives in peace. It’s up to medicine, insurance companies and government to eliminate the appeal of the Kevorkians. It’s up to the public to insist that they do.” (End of life, 1999)

This chapter will discuss the findings of the quantitative and qualitative analyses performed on the 257 items collected from January 1996 to June 1999. It is organized by general findings, followed by two sections—framing analysis and source analysis—that address the specific research questions and hypothesis. Additional analyses of characterization were conducted as these portrayals emerged from the analysis as an important aspect of the framing of physician-assisted suicide. The second section of the chapter reports analyses of the use of sources. It provides information relevant to research questions three, four, and six, as well as hypothesis one. The confidence interval for quantitative analyses was set at $p=.05$.

General Findings

The sampling strategy yielded 257 items for analysis. (See Table 1.) Ninety-nine items appeared in 1996 (39%), 64 in 1997 (25%), 77 in 1998 (30%), and 16 in 1999 (6%). Seventy items appeared in the *Detroit Free Press* (27%), 69 in the *Detroit News* (27%), 75 in the *Grand Rapids Press* (29%), and 41 in the *Lansing State Journal* (16%). Of the 257 total items, 68% were news stories ($n=175$), 17% opinion items ($n=44$), 7%

features (n=18), 5% news-features (n=12), and 3% regular columns (n=7). Of the 70 items in the *Detroit Free Press*, 47 were news (67%), 1 feature (1%), 15 opinions (21%), 6 news-features (9%), and 1 regular column (1%). Of the 69 items in the *Detroit News*, 37 were news (54%), 10 features (15%), 18 opinions (26%), and 4 regular columns (6%). Of the 75 items in the *Grand Rapids Press*, 57 were news (76%), 6 features (8%), 4 opinions (5%), 6 news-features (8%), and 1 regular column (1%). And, of the 41 items in the *Lansing State Journal*, 32 were news (78%), 1 feature (2%), 7 opinions (17%), and 1 regular column (2%).

Table 1. Types of items in the selected newspapers (N=257)

Type of item	<i>Detroit Free Press</i> (n=70)		<i>Detroit News</i> (n=69)		<i>Grand Rapids Press</i> (n=75)		<i>Lansing State Journal</i> (n=41)	
News	47	(67%)	37	(54%)	57	(76%)	32	(78%)
Opinion	15	(21%)	18	(26%)	4	(5%)	7	(17%)
Feature	1	(1%)	10	(15%)	6	(8%)	1	(1%)
News-Feature	6	(9%)	0	(0%)	6	(8%)	0	(0%)
Regular Column	1	(1%)	4	(6%)	1	(1%)	1	(2%)

Percentage-wise, the Lansing paper had proportionally more news items than the other three papers: 78% (n=32) versus 76% for the *Grand Rapids Press* (n=57), 67% for the *Detroit Free Press* (n=47), and 54% for the *Detroit News* (n=37). Proportionally, the *Detroit News* contained more opinion items: 26% (n=18) versus 21% in the *Detroit Free Press* (n=15), 17% in the *Lansing State Journal* (n=7), and 5% in the *Grand Rapids Press* (n=4). Features also were more common in the *Detroit News*: 15% (n=10) versus 8% in the *Grand Rapids Press* (n=6), and 1% each in the *Lansing State Journal* and the *Detroit*

Free Press (each n=1). Only 7 items, less than 3%, were part of a series, and the two Detroit papers were the only two to run series, the *Detroit Free Press* in March 1997 and June 1996, and the *Detroit News* in July 1997.

In terms of item origination, nearly half of overall items originated with staff writers. Forty-nine percent were staff stories (n=126), 34% originated with a wire service (n=88), 8% were guest or freelance contributions (n=20), and 6% originated from more than one source (n=16), usually a staff writer with a wire service. Of the 125 items that originated from a source other than a staff writer, 93 originated with the Associated Press (74%). Four were written by columnists associated with the Washington Post Writers Group, Ellen Goodman and William Raspberry, two came from Reuters, one from the Los Angeles Times, and one from the Boston Globe.

Most items (62%, n=158) ranged in length from 301 to 749 words. Twenty-one percent had 300 or fewer words (n=55), and approximately 9% were 750 to 1000 and 1001-plus words long (each n=22). Eighty-one percent of items had an in-state focus (n=209). More stories appeared on Thursday (24%, n=62) than other days of the week. Twelve percent appeared on Monday (n=31), 14% on Tuesday and Wednesday each (each n=37 and n=35, respectively), 15% on Friday (n=39), 10% on Saturday (n=25), and 11% on Sunday (n=28).

Forty-seven percent of overall items appeared in Section A (n=120), 31% in Section B (n=80), 10.5% in Section C (n=27), and 8% in Section D (n=20). Fifty-five percent appeared in a metro, local/state, or state news section (n=142); 17% on opinion or editorial pages (n=46), 12% on front pages (n=31), and 8% on national or world news

pages (n=20). Five percent appeared in a feature section (n=13). In terms of the geographic level of the item, 41% had a local focus (n=105), 40% a state focus (n=102), 16% a national focus (n=42), and only 2% an international focus (n=6).

The remainder of this chapter is divided into two sections. The first section encompasses the framing analysis and addresses the associated research questions (one, two, five, seven, and eight).

Framing Analysis

Newspapers in Michigan have framed the controversy over physician-assisted suicide using several frames. Each major frame is discussed, and relevant examples that illustrate the frame are provided. Each exemplar is identified parenthetically by the newspaper's initials, the date of publication, and classification as opinion (O) or non-opinion (N).

RQ1: What Frames Are Used in Michigan Newspaper Stories About Physician-Assisted Suicide and/or Euthanasia? What Frames, If Any, Dominate News Stories?

The frames that emerged from the analysis included blame, dichotomy, entertainment, fear, intent, credibility, war/peace, and freedom. While dichotomy is itself a frame, other frames—including blame, credibility, and fear—were advanced often through the use of dichotomies. The angle, or approach to the story, also helped to create and perpetuate framing. The most commonly used angles included legal, political, medical, religious, economic, and ethical/moral.

Various literary devices are used to advance and perpetuate these frames, including euphemism, personification, characterization, allusion, metaphor, simile, irony, and

imagery. Euphemism is the use of less offensive words or phrases in place of offensive or harsh words or phrases to make something appear less offensive. Personification is the assignment of human qualities or abilities to places, events, things, or ideas that are not human. Characterization is the development of characters, including protagonists and antagonists, through the use of physical description, vocalization or paraphrasing of thoughts or speech, and placement in circumstances. Allusion is reference through words, images, or names to literary or historical events. Metaphor is the comparison of two unlike concepts accomplished by using implicit comparisons or analogies in which one concept is substituted for another. Simile also is the comparison of two unlike ideas or concepts in which the words “like” or “as” are used to draw the analogy. Irony describes the use of words to communicate the opposite of their real meaning. Imagery is the use of the above literary devices and other figures of speech to evoke vivid mental images or pictures for the reader.

Reporters’ selective use of direct quotations and paraphrases from various sources sometimes was balanced, with relatively equal numbers of quotations or equivalently loaded language. On other occasions, the use of such direct quotations and paraphrases was not balanced and served to affect the dominant frame or characterization of the story. The use of these quotations served to help frame the issue of physician-assisted suicide and one of its major players in Michigan, Jack Kevorkian.

Additional framing devices include the use of key terms, “loaded language,” catchphrases, angles, individualization, dehumanization, and legitimizing. The use of “loaded language,” or words and phrases that evoke emotional or visceral reactions in a

reader and serve to inflame or moderate discussion of a topic, also is a strategy used to establish and create frames. Catchphrases also are used to grab the reader's attention and assign an easily remembered slogan to the story. Other framing devices include the approach or angle to the story, a focus on individuals, an attempt to legitimize and/or delegitimize various people and events, and an effort to dehumanize the people who sought Kevorkian's help.

It should be noted that although Jack Kevorkian was not the focus of this study, he does play a large part in the ensuing analysis and examples. The reason for this is relatively straightforward: Stories that addressed the issues of physician-assisted suicide and euthanasia in Michigan newspapers often focused on Kevorkian, the state's most vocal and visible practitioner and activist. Although Kevorkian was not necessarily equated with physician-assisted suicide, his activities in the state provided a forum for discussion and debate on the issues as well as the man. Therefore, some analysis of the newspapers' coverage of Kevorkian is necessary to a full understanding of the framing of the issues of physician-assisted suicide and euthanasia.

Blame: Whose Fault Is It Anyway?

Blame is one of the major frames found in this sample of items. Devices used to express and perpetuate this frame include euphemism, allusion, metaphor, irony, individualization, dichotomization, and loaded language. In addition to assigning blame, items and sources in those items attempt to shift blame. This section is organized by the person or persons to whom blame is or is not assigned. Some of the likely representatives include Jack Kevorkian; his primary attorneys, Geoffrey Fieger and Michael Schwartz;

the Michigan Legislature; law enforcement officials, including prosecutors; courts; and doctors and the medical establishment.

Blaming Jack Kevorkian. Despite the fact that he helped, by his own accounts, more than 120 people die, blame rarely was assigned in this sample of stories to Jack Kevorkian. He was tried a total of six times—four on assisted suicide charges, once on a misdemeanor charge, and once for murder. He was acquitted three times, granted a mistrial once, and convicted twice—once on the misdemeanor charge of resisting arrest and once on the reduced felony charge of second-degree murder. Yet, in this sample of stories, Kevorkian rarely was blamed for the deaths of these 120 individuals. Even as he was depicted as a mad scientist (see *Characterization*, p. 170) who preyed on helpless, depressed people, often he still wasn't fingered as the agent of their deaths.

One example in which he was blamed comes from news coverage of Kevorkian's 1996 trial for the 1993 deaths of Merian Frederick, an Ann Arbor woman with Lou Gehrig's disease, and Dr. Ali Khalili, a Chicago man with bone cancer. In this article, a medical ethicist from the University of Virginia testified as to the ethical nature of physician-assisted suicide and Kevorkian's actions. The use of the word "prey" in this example provides both a visual image and a connotation of a predator in the wild that deliberately seeks to attack the weak or vulnerable.

The trial's last witness, medical ethicist Carlos Gomez, said Tuesday that Kevorkian preys on the nation's most vulnerable citizens, those "who typically get the raw end of the deal." "He validates their worst fears and then gives them the means to kill themselves," Gomez told Oakland County Circuit Court jurors in Pontiac. (DFP, Wed, 3/6/96, N)

While media representatives were not directly blaming Kevorkian for the deaths of the 120 people he acknowledged helping die, they did censure him for his deliberate flaunting of the law. For example, the choice of such loaded words as “defrocked” and “thwarted” served to delegitimize Kevorkian even if it did not blame him. The media could not term Kevorkian unlicensed, although his medical license had been suspended; therefore the use of “defrocked” provided not only a visual image but also the connotation of having lost his medical license. The use of the word “thwarted” served to connote a series of deliberate acts on Kevorkian’s part to avoid prosecution or stymie law enforcement officials.

Jack Kevorkian, the defrocked pathologist who has helped more than 100 people to their deaths in Michigan since 1990, clearly sees himself as above the law in his crusade for anyone’s right to die. He has ignored or thwarted all legal attempts to stop him, and three times has been acquitted by juries of violating less specific laws. (DFP, Tues, 7/7/98, O)

Ellen Goodman, a syndicated columnist with the Washington Post Writers Group, was one of the few media representatives to assign blame directly to Kevorkian:

In his desire to stay in the limelight and in the face of authorities, he crossed—no, leapt [sic]—over the line from passive to active euthanasia, from assisted suicide to what some call mercy killing and others call murder. (LSJ, 4/3/99, O)

In other stories, Kevorkian was both blamed for causing people to die, as well as for making their deaths a burden on hotel staff. For example, in one story about the Hotel Association of Greater Detroit’s annual meeting, both the journalist and the association’s president blamed Kevorkian for traumatizing innocent hotel staff who discovered the bodies of his assisted suicide victims. Additionally, the use of the word “victim” denotes

someone's responsibility for the death; in this story, the writer assigned that responsibility to Kevorkian:

Sometimes, the death notice comes from an anonymous phone call. More often, a housekeeper finds the body. And with the discovery of an assisted-suicide victim connected to Jack Kevorkian come headaches for Metro Detroit hotel and motel officials and employees. It means police and reporters, as well as employee counseling and post-death room cleaning. ... "Shame on Kevorkian for putting innocent people through this kind of trauma," said association President Michael O'Callaghan. "If he wants to do that kind of stuff, he should be doing it in his van or in his own garage." (DN, Sun, 10/12/97, N)

Until he helped Thomas Youk die, Kevorkian's attorneys, Geoffrey Fieger and Michael Schwartz, were his biggest champions. After Youk's death, his own attorneys blamed Kevorkian, not for the death, but for acting impulsively, without care for the implications. In a story that was published the day after the *60 Minutes* broadcast, Kevorkian's defense attorneys were quoted in regard to Kevorkian's behavior. Their quotations served to clarify the journalist's identification of a "rift" between Kevorkian and his primary attorney, Geoffrey Fieger:

"I think he's off on his own," Fieger said about the interview [on *60 Minutes*] and reports that Kevorkian did more than assist a suicide. Fieger said he won't automatically represent Kevorkian if police charge him as a result of the interview.... "I will not let a client do harm to himself," said Fieger, who unsuccessfully ran for governor this year. "I make all the legal decisions in the case. I will not allow a client to become self-destructive or try to hurt themselves." (DN, Fri, 11/20/98, N)

Echoing Fieger's confusion and suspected frustration was Fieger's law partner Michael Schwartz, another of Kevorkian's defense attorneys:

"I haven't the slightest clue what this is about," Schwartz [Geoffrey Fieger's law partner and one of Kevorkian's defense attorneys] said. "I can tell you this much: Nobody from this office went with Jack Kevorkian to talk with Mike Wallace on *60 Minutes*." "Jack did not get any advice from me. Jack

did what he did without my advice or participation or without the participation of my partner (Fieger). In the past, whenever he had a patient, he never told us. He did what he did, and then called us for legal representations.” (DN, Fri, 11/20/98, N)

Blaming the Lawyers. Assigning the blame for society’s ills to lawyers has made them the butt of jokes for years. However, in the coverage of physician-assisted suicide, the various lawyers, including Kevorkian’s defense and the assorted prosecutors, often were blamed for the time, money, and effort expended to try—usually unsuccessfully—Jack Kevorkian. Not only the quotations and paraphrases chosen by the writers showed this, but also the words that were used to describe the jurors (e.g., indignant). The many lawyers include Geoffrey Fieger and Michael Schwartz, Kevorkian’s main defense attorneys; prosecutors in three Michigan counties, including Richard Thompson, Michael Skrzynski, Michael Modelski, Lawrence Bunting, Carl Marlinga, and Raymond Voet; and other, less prominent Kevorkian defense attorneys, such as David Gorosh.

Geoffrey Fieger, described as a flamboyant, media-savvy attorney who rode the wave of notoriety associated with his many appearances in defense of Kevorkian to an ultimately unsuccessful 1998 bid for governor, was blamed by many when prosecutions of Kevorkian failed or were derailed.

Reporters’ selective use of direct quotes blamed Fieger for the unsuccessful prosecutions of Kevorkian, for wasting taxpayer money, and, ultimately, for failing to resolve the issues underlying physician-assisted suicide. For example, a quotation by Ionia County Prosecutor Raymond Voet provided a visual image of the proverbial rotten apple spoiling the entire bushel:

“I thought I had a good jury. What this tells you is I had a good jury (but Fieger) poisoned one,” said Voet, who called the mistrial ruling “kind of like kicking a field goal at the end of the game to tie the game.” (GRP, Fri, 6/13/97, N)

Another quotation, this one from a juror in the derailed Ionia County trial of Kevorkian, depicted Fieger as a master musician, coaxing the desired notes from the musical instrument, in this case, Ionia County:

“Mr. Fieger played Ionia County like a fine fiddle and got what he wanted,” said Jan Major, 50. “I’m sorry the taxpayers had to pay for this.” (LSJ, Fri, 6/13/97, N)

Ron Siegel, the secretary of the Handicapper Caucus of the Democratic Party in Michigan, in a story about the 35th and 36th assisted suicides linked to Kevorkian—Judith Curren, a woman with chronic fatigue syndrome, and Louise Siebens, a woman with a non-terminal stage of Lou Gehrig’s disease—identified Fieger’s reliance on prejudice to produce a successful defense of Kevorkian:

He [Ron Siegel] blasted attorney Geoffrey Fieger for using “society’s prejudices against those with disabilities” in his defense of Kevorkian. (DN, Thurs, 8/22/96, N)

Jurors blamed both Fieger and Ionia County Prosecutor Raymond Voet when a mistrial was granted in the assisted suicide trial for the death of Loretta Peabody. After being dismissed, jurors expressed anger over not being trusted to be unbiased, and they blamed both lawyers for the fiasco. The Ionia County jurors, portrayed as equivalent to the general public, were described in different newspapers as indignant about their treatment by the lawyers. The reporters’ selective use of direct quotations by these jurors helped to assign blame.

Using Fieger's words, Selena Enbody, 32, said jurors were stuck in the middle of a "witch hunt." "But who was doing the hunting?" she said. Fieger and Voet "told us to go with the facts. All they proved to us is they don't like each other." (LSJ, Fri, 6/13/97, N)

Indignant jurors scoffed at the notion that they were tainted by Fieger's remarks. "They said we were biased," Enbody said. "We weren't the ones who were biased; they were biased." "Somebody didn't want us to make a decision," said juror Judy Piggott of Palo. (DN, Fri, 6/13/97, N)

Jurors said they felt Voet's opening statement was weak and Fieger's was too long. Both attorneys earned low marks for their courtroom combat. (DN, Fri, 6/13/97, N)

Michael Schwartz, Fieger's law partner who represented Kevorkian while Fieger was making his unsuccessful run for governor, also was blamed by prosecutors and, vicariously, by the media for the failed prosecutions of Kevorkian. He was accused of using underhanded tactics that would enhance the chances of an acquittal or other favorable verdict. For example, when Schwartz filed a motion to return evidence to Kevorkian that was collected in Bloomfield Township but subpoenaed by the Ionia County prosecutor:

Voet said Schwartz's motion to have that evidence returned to Kevorkian was "nothing but a red herring to try and paint a bad picture of the prosecutor's office." (GRP, Fri, 1/31/97, N)

And, when Kevorkian and Reding were tried in Oakland County on misdemeanor charges of resisting arrest, Schwartz's attempts to ferret out juror bias were seen as dishonest:

But city attorneys prosecuting the pair [Kevorkian and Reding] say the 21-page, 93-question survey filed by their attorneys this week invades jurors' privacy and is an improper ploy by the defense to stack the panel in their favor. (DFP, Fri, 8/14/98, N)

By far, though, reporters assigned the bulk of the blame to the many prosecutors who pursued cases against Jack Kevorkian. These prosecutors included Oakland County prosecutors Richard Thompson, Michael Skrzynski, David Gorcyca, Michael Modelski, and Lawrence Bunting; Macomb County Prosecutor Carl Marlinga; and Ionia County Prosecutor Raymond Voet.

One of the defense team's seemingly favorite ways to discredit the prosecution team was to portray the members as persecuting its client, and the media reported these accusations. The use of quotation marks around these terms serves to mark them as the actual words used by Fieger, but it also marks them as loaded language designed to evoke a particular reaction on the part of the jurors (and, by extrapolation, the general public).

Fieger told jurors that Voet was on a "witch hunt" and had a "vendetta" against Kevorkian and the Peabody family, which declined to cooperate with prosecutors. (LSJ, Fri, 6/13/97, N)

Even Fieger's comments that were paraphrased by reporters served to discredit the prosecution team by the use of loaded language, such as "target," "vindictive," "tyrannical," and "unconstitutionally fabricated." The following example comes from coverage of Kevorkian's 1996 trial for the 1991 deaths of Sherry Miller and Marjorie Wantz:

Jurors began deliberations Friday in Dr. Jack Kevorkian's third assisted suicide trial after his lawyer told them the doctor was the target of vindictive Michigan judges and prosecutors. The common-law crime under which Kevorkian is charged was unconstitutionally fabricated by a tyrannical Michigan Supreme Court and state Court of Appeals, attorney Geoffrey Fieger told jurors during his closing arguments. "Some women and men got together in a back room in Lansing and said, 'How do we get Jack Kevorkian?'" Fieger said. (GRP, Sat. 5/11/96, N)

Additionally, in addition to attempting to discredit the prosecution by portraying it as targeting Kevorkian unfairly, the defense also attempted to implicate the prosecution in shoddy, illegal work itself. In particular, examples from coverage of the Ionia County trial of Kevorkian show the defense's attempts to compromise jurors' trust in prosecutors. Schwartz used accusations with loaded language (literally stole, violates rules) as well as visual images (squeezing toothpaste from a tube) to depict errors and misguided motives on the part of Voet:

Schwartz alleged that Voet conspired with the Ionia magistrate and an unidentified person in Oakland County to take the evidence from Bloomfield Township. "The Ionia County prosecutor literally stole this property," Schwartz said. "What he's done over here violates rules of professional conduct, violates rules of procedure." (GRP, Fri, 1/31/97, N)

On the Ionia trial: "The investigation phase has been over for more than six months," Schwartz wrote. "The prosecutor cannot put the toothpaste back in the tube after he has squeezed it out." Schwartz also argued that Voet should have been more thorough before charging Good and Kevorkian. (GRP, Fri, 5/30/97, N)

Reporters used direct quotations that negatively portrayed the Oakland County prosecutors in Kevorkian's trial for the deaths of Frederick and Khalili through the use of loaded language. One example includes:

Calling the appeal a "desperate act by a wounded animal," lawyer Geoffrey Fieger accused the prosecution of trying to delay Kevorkian's trial on assisted suicide charges, which is set to begin Monday. "They do not want to go to trial, they are desperate, they are frightened," Fieger said Thursday. "They want to stack the jury. They don't want anybody to know if there's a religious fanatic on the jury." (DFP, Fri, 2/9/96, N)

A paraphrased quotation from coverage of Kevorkian's 1996 common-law trial for the 1991 deaths of Sherry Miller, a woman with multiple sclerosis, and Marjorie Wantz, a

woman who had severe pelvic pain, used the imagery of the phrase “run roughshod” to portray prosecutors’ trampling of the women’s supposed civil right to suicide.

Fieger argued that prosecutors have run roughshod over civil rights and removed the choice to commit suicide. (DFP, Sat, 5/11/96, N)

Fieger portrayed Kevorkian as a victim of persecution by an obsessive prosecutor bent on inflicting his personal beliefs on society. (LSJ, Fri, 3/8/96, N)

Another favorite tactic of Fieger’s was to try to enrage citizens at the economic frivolity of prosecutors. Reporters’ use of Fieger’s words in their stories about Kevorkian’s trials on physician-assisted suicide charges framed the trials as futile and unnecessary.

Kevorkian’s attorney, Geoffrey Fieger, called the court proceedings a waste of taxpayer money. (DN, Fri, 12/13/96, N)

Blaming the government. Blame often was shifted to the government through reporters’ selective use of direct quotations from Kevorkian’s defense attorneys, prosecuting attorneys, and doctors alike. Imagery (state-imposed barriers) and loaded language (chilling effect) were used, as were allusions to war.

“The government’s war on drugs has had a chilling effect on liberal prescribing for patients who have legitimate needs,” said Dr. John Finn, medical director for the Hospice of Michigan, a nonprofit group that operates 25 hospices throughout the state. (GRP, Mon, 12/28/98, N)

A report by the National Conference of State Legislatures and the Center to Improve Care of the Dying at George Washington University was released in 1998. In an article that reported on the release of this report, the following paraphrases were included. These paraphrases assigned blame to the states and their legislatures for the continuing debate and stalling on the issue of physician-assisted suicide:

Battles over physician-assisted suicide might be prevented if state legislatures remove barriers to end-of-life care for the terminally ill, a new report suggests. (LSJ, Tues, 7/7/98, N)

States need to encourage medical schools to focus more on pain management, according to Forlini. (LSJ, Tues, 7/7/98, N)

In addition, lawmakers should consider removing the state-imposed barriers patients face in trying to get pain management drugs, the report said. (LSJ, Tues, 7/7/98, N)

Merian's Friends—the grassroots political action group that was formed with the goal of getting a proposal to legalize physician-assisted suicide on the 1998 Michigan ballot—was paraphrased as asserting that the secretary of state—for whom many campaign contributions came from the Michigan chapter of Right to Life, a group that opposes physician-assisted suicide—deliberately included biased language in the ballot proposal.

The language being considered for the assisted suicide proposal that Michigan voters will decide on in November is slanted, according to the group that got the question on the ballot. (LSJ, Sun, 8/23/98, N)

Even the prosecutors in Kevorkian's trials joined in the blameshifting, explaining their reluctance to pursue cases against Kevorkian by blaming the Michigan Legislature for poorly conceived laws concerning physician-assisted suicide. Imagery (do it in the streets) and loaded language (living in the swamp) were used in these direct quotations to shift the blame for failed prosecutions of Kevorkian from prosecutors to politicians and the Michigan Legislature.

The media portrayed the legal quagmire surrounding the issue of physician-assisted suicide as being exacerbated by the Michigan Legislature's inaction.

“There is a lot of public opinion that the (common) law is still in existence,” Marlinga said. “This is a serious legal effort to finally clear up the law in Michigan. I, as a prosecutor, am tired of living in the swamp where we don’t really know what the law is one way or the other.” (DN, Thurs, 12/18/97, N)

“There is no likelihood of a criminal charge because Michigan has no statute making assisted suicide a crime,” Marlinga said. (GRP, Tues, 3/26/97, N)

The Oakland County prosecutor, David Gorcyca, who took up the cry—begun by Fieger and the media—also mentioned that trying Kevorkian would be a waste of taxpayer money until better laws concerning physician-assisted suicide were drafted and passed.

Gorcyca, who has said trying Kevorkian would waste taxpayer money until the Legislature drafts better laws... (GRP, Thurs, 3/19/98, N)

The media also reported the occasions when Kevorkian’s defense attorneys faulted the Michigan Legislature. The attorneys portrayed the practice of physician-assisted suicide as a reasonable activity, even if doing it clandestinely was not. Additionally, the phrase “until it’s allowed to be regulated” along with the legitimizing title of “doctor” given to Kevorkian seemed to frame physician-assisted suicide as a legitimate medical practice.

“Dr. Kevorkian doesn’t want to do this in hotels and motels, but he can’t do it in the streets,” Schwartz said. “There is a reasonable alternative to this, and it’s in the hospitals, but until it’s allowed to be regulated, that won’t happen.” (DN, Sun, 10/12/97, N)

The media also directly entered the fray, calling the legislature cowardly for refusing to take up the issue and craft careful laws that would put an end to the Kevorkian spree. Using loaded language (multiple choice solutions, cowardly, mock the sincere beliefs), the media gave the impression that the Legislature was ineffective and unwilling to

become effective in the attempt to stop Kevorkian. Putting the phrase “right to life” in quotation marks served to marginalize and delegitimize that movement.

We’re particularly averse to multiple choice solutions offered up by cowardly legislatures. (DFP, Sat, 12/6/97, O)

Yet, as long as elected officials and the medical community continue to avoid the issue, the debate will remain polarized by absolutists on both sides: those who advocate the “right to life” so fervently that they marginalize the pain and suffering of mentally competent adults who are chronically, terminally ill and have no hope of recovery; and Dr. Kevorkian and his allies, who feel themselves answerable to no one, who mock the sincere beliefs of those who challenge his methods. (DFP, Thurs, 8/22/96, O)

The following portion of an editorial in the *Detroit News* discussed the issue of legalizing physician-assisted suicide by using loaded language (dithering, squeamishness, unseen hand) as well as by raising the question of whether legalization would serve to continue to hide the answers to several controversial aspects: Whether Kevorkian’s self-proclaimed “safeguards” were followed; whether the people choosing assisted suicide had undiagnosed depression; whether they had access to adequate pain control; and whether there were pressures from family or others who stood to gain from that person’s death.

Thanks to the dithering of the Legislature and local judges, the squeamishness of juries, and—if Mr. Fieger is truthful—the unseen hand of Dr. Kevorkian, we may never know. (DN, Tues, 8/19/97, O)

Reporters quoted others, including professors and religious figures, who blamed the Legislature’s lack of activity in addressing the issue. Gerald Faverman, a professor of political science at Michigan State University, said he believed assisted suicide would have to be settled by a constitutional amendment, rather than legislative action:

“I think because of the danger of offending passionate constituencies, the Legislature will take a walk,” Faverman said. (GRP, Sat, 6/22/96, N)

In regard to the religious community's point of view on Proposal B:

"It's bad legislation," he [Detroit Cardinal Adam Maida] said. "It's not needed and the most frequent victims will be the poor, the disenfranchised, those without voice and the minorities in our society." (DN, Thurs, 10/8/98, N)

Reporters used quotations from defense attorneys to assign blame for inept police work and law enforcement's badgering of physician-assisted suicide activists, primarily Jack Kevorkian and Georges Reding, a Belgian-born, southwestern Michigan psychiatrist who assisted Kevorkian in some of the deaths. Loaded language, including words such as harassment, was used to portray police as motivated by goals other than protection of the public and maintaining peace:

Michael Schwartz, a Michigan-based attorney who has defended both Reding and Kevorkian, said Reding was being harassed by authorities. (GRP, Thurs, 5/13/99, N)

In the case of the Oakland County misdemeanor trial of Kevorkian and Reding on charges of resisting arrest, the men's attorney, Michael Schwartz, was quoted to depict police as targeting the men because of their activism.

"Police are not telling the truth. They're making improper statements, because they're trying to justify making an improper arrest," Schwartz said after court recessed Monday. (GRP, Tues, 11/3/98, N)

Blaming judges and the courts. The media were willing to assign blame for the lack of resolution of the physician-assisted suicide issue to judges and courts. By using loaded language as well as by comparing physician-assisted suicide to the volatile abortion issue, media effectively shifted the blame to courts.

In an editorial about the Ninth U.S. Circuit Court of Appeals' ruling that there is a constitutional right to assisted suicide, the writer used loaded language (illegitimately

usurps, poisoned American politics, fanaticism, appalling violence) to blame courts for

the lack of resolution to the physician-assisted suicide dilemma:

The court opinion wasn't immediately available, but it appears to be yet another example of judicial overreach, in which a court illegitimately usurps the democratic rights of people to govern themselves. ... When the high court usurped the people's right to decide the abortion issue in the political arena, it poisoned American politics for decades, which led to an unhealthy degree of fanaticism and, ultimately, appalling violence. (DN, Fri, 3/8/96, O)

In another editorial, this one in the *Lansing State Journal*, the emphasis the writer placed on the word "past" in the phrase "It's well past the time when state voters were actually given the opportunity to decide" emphasizes the writer's feelings about the apparently deliberate avoidance of the democratic process in resolving the issue of physician-assisted suicide.

Lawmakers, Gov. John Engler, various county prosecutors, right to life groups and right to die groups. It seems just about everyone in Michigan has officially weighed in on the issue of assisted suicide. Everyone except Michigan voters. ... It's well *past* the time when state voters actually were given the opportunity to decide if Michigan should legalize physician-assisted suicide. (LSJ, Wed, 7/22/98, O)

Blaming the medical establishment. Doctors and medical establishments in general were blamed by writers and their sources for not acting to address adequately or reduce conditions that pushed people toward choosing physician-assisted suicide.

But a good relationship with a physician who has known a patient for a long time is becoming rarer. This may well be because of changes in medical economics. (DN, Tues, 7/1/97, O)

The *Detroit Free Press* quoted Dr. Franklin Curren, the husband of Judith Curren, one of Kevorkian's assisted suicides, who blamed the medical establishment for his wife's ultimate choice of assisted suicide when treatment options failed.

"I know there have been many doctors who have said it's treatable," Curren told the [Boston] *Herald*. "But there have been many doctors and many, many medical centers over the years who have failed to treat her. So, either there is no treatment or all of them together have failed to be able to treat her." (DFP, Mon, 8/19/96, N)

The use of loaded language (dictatorial, paternalistic, victims, plight, futile) in both narrative and paraphrases helped perpetuate the medical blame frame:

Kevorkian said people turn to him because many doctors are dictatorial and paternalistic rather than working with patients to fight disease and suffering. (GRP, Tues, 3/5/96, N)

Large numbers of Americans receive inadequate palliative care from their physicians. ... Hendin, Foley and others have known patients who have changed their minds about committing suicide when they received adequate pain-relieving care. Had physician-assisted suicide been legal, many of these patients would have died unnecessarily: They would have been the victims of a system, so-far, largely unaware of their plight. (DN, Thurs, 7/3/97, O)

Proponents of physician-assisted suicide are right when they criticize the medical care that some dying patients receive: All too often, futile treatments which may cause more harm than good are blindly pursued. (DFP, Thurs, 10/1/98, O)

The media also blamed the medical community for succumbing to societal prejudices (see p. 189) against people with disabilities. Loaded language, imagery, and the use of quotation marks for non-speech, as well as allusions to treatment of Jewish prisoners in the Nazi concentration camps, were used to create and portray this frame.

All too aware that many doctors and hospital administrators have little respect for the "quality of life" of the disabled, these activists do not want—as one of them says—to see the disabled "march into the ovens." (DN, Sun, 7/28/96, N)

Diane Coleman, a lawyer with a disability, was quoted in a column on disability issues that specifically addressed the issue of physician-assisted suicide and the risk it poses to people with disabilities:

“The risk of wrongful death of people with disabilities is tremendous because we simply are not getting the suicide prevention that nondisabled people receive. Nondisabled people assume that our desire to die is rational. Doctors constantly and dramatically underestimate our quality of life compared to our own assessments. (DN, Sun, 7/28/96, N)

Other blame. Writers blamed religious groups and persons for perpetuating the perceived societal bias against physician-assisted suicide. Using loaded language (fanatics, coercive power, spin the defeat), individuals with religious objections to physician-assisted suicide were portrayed by writers as extremists who twist the truth to fit their own ends:

Further, religious fanatics—far too many of whom seem to find peaceful persuasion not nearly as effective as employing the coercive power of the state—will spin the defeat as proof positive that the people of Michigan are completely opposed to legally permitting anyone to assist anyone else in ending his or her own life. (DFP, Thurs, 10/1/98, O)

On rare occasions, reporters used selective quotation to blame the family and friends of the people Kevorkian helped to die for their refusal to take action. The Oakland County medical examiner used visual imagery to paint a picture of unclaimed bodies sitting around the morgue; he also used loaded language (circus) to emphasize the nature of the spectacle surrounding assisted deaths. This example also served to paint a portrait of people choosing physician-assisted suicide as having little support in their lives.

Corpses at the morgue in Oakland County usually are identified quickly by family or friends, but the bodies of people Jack Kevorkian has helped die go days and sometimes weeks before they are officially identified. ... Medical Examiner L.J. Dragovic blamed the families for not identifying the bodies. “They (the families) don’t give a damn, apparently,” Dragovic said. “People who are interested in their loved ones come in very promptly and make prompt funeral arrangements. I don’t know what this is. This is part of Kevorkian’s circus.” (DN, Wed, 7/17/96, N)

Reporters also blamed society. By comparing the treatment of humans to the treatment of animals and alluding to the standard practice of euthanizing ill or aged family pets, a writer chose a quotation by Fieger that blamed society for not being compassionate enough. Additionally, compassion was used as a euphemism for causing death. Reporters writing stories about physician-assisted suicide and/or euthanasia sometimes framed euthanasia as a compassionate option by selecting particular quotations from their sources. For example, Fieger used loaded language and euphemism to evoke guilt in the jurors whom he was addressing at Kevorkian's trial for the deaths of Ann Arbor resident Merian Frederick and Chicago resident Dr. Ali Khalili:

In his closing, Fieger, alternately whispering and shouting at the jurors, compared Kevorkian's assisted suicide crusade to euthanasia of family pets. "We treat animals better than our own kind," he said. (DN, Fri, 3/8/96, N)

Echoing Fieger's assertion, Lori Berger, the daughter of a woman who died of cancer and a supporter of physician-assisted suicide, said about the televised death of Thomas Youk that society lacks compassion for people who are suffering:

"We have compassion for our pets. Why can't we have compassion for our people?" Berger said. (GRP, Sun, 11/22/98, N)

Society also was depicted as complacent in regard to the physician-assisted suicide debate:

Kevorkian's claim to fame is that he helped some 100 people die, and it's becoming more and more accepted by a painfully gutless and gullible public. (GRP, Thurs, 3/19/98, O)

Societal prejudice also was blamed for the lack of dedication to stopping physician-assisted suicide. Along with examples of prejudice within the medical community, loaded language and euphemisms were used to offer an image:

During a recent hearing on assisted suicide before the House Subcommittee on the Constitution—headed by Republican Congressman Charles Canady of Florida—Diane Coleman told of court decisions over the last decade that have allowed life-sustaining treatments to be withdrawn from persons “with substantial, though not terminal, disabilities. This trend is rooted in pervasive and largely unconscious societal prejudices against people with disabilities.” (DN, Sun, 7/28/96, N)

Dichotomy: Good Versus Evil

Dichotomies are prevalent in the items in this sample. They are created and perpetuated by the use of euphemism, allusion, metaphor, simile, irony, and loaded language. Some of the major dichotomies include good doctors versus bad doctors, good care versus bad care, medicine versus poison, tradition versus progress, courage versus cowardice, secrecy versus openness, natural death versus unnatural death, suffering versus peace, quality of life versus sanctity of life, and ease pain versus hasten death. The oxymoron “lethal medicine” also was used in one article.

Good doctor or bad doctor? Several articles referred to the Hippocratic Oath that doctors take. Good doctors were held up as those who abide by that oath; bad doctors did not.

Since Sept. 14, opponents of Proposal B, the assisted suicide measure on the Nov. 3 ballot, have enjoyed a one-sided debate on the paid airwaves. They’ve declared that assisted suicide reverses 2,500 years of physicians trying to heal patients. (LSJ, Tues, 9/29/98, O)

Similarly, loaded language (forcing, needlessly prolong, recoil) helped to depict indirectly the dichotomy between good and bad doctors.

And most doctors understand the difference between causing a patient to die and forcing him to live. (DN, Tues, 7/1/97, O)

Good doctors know their patients and know the difference between a request for pain treatment and a request to die. They do not wish to needlessly

prolong suffering, but they still recoil from being the active agents of a patient's death. (DN, Tues, 7/1/97, O)

When Ernesto Pinzon, a Florida doctor, injected potassium chloride that stopped the heart of a man dying of lung cancer, others debated his intentions:

"Ernesto is not an evil-intentioned person," says Dr. Carlos Rosado, one of Pinzon's former teachers. "Whatever took place that night, I can only guess that it occurred by compassion." (GRP, Sun, 3/30/97, N)

By using loaded language that evoked images of old, outdated care, doctors were portrayed simultaneously as good but outmoded.

They continue to uphold the centuries-old doctrine that a physician's special skill is not to be used to deliberately hasten death. (DN, Tues, 7/1/97, O)

Many dichotomies were drawn that pitted good doctors against bad doctors, whether literally or figuratively. Only one article in the sample, however, directly compared two doctors involved in the debate over physician-assisted suicide—Dr. Timothy Quill, a physician from New York state who became a figure in the physician-assisted suicide debate when he gave "Diane," a patient with terminal cancer, a prescription for medicine that she could use to commit suicide, and Jack Kevorkian, the retired Michigan pathologist. For example, in this article Quill was used as a foil against Kevorkian:

Call him the anti-Kevorkian. In contrast to Dr. Jack Kevorkian, Quill is calm, exudes respectability and is a practicing physician. (DFP, Mon, 12/16/96, N)

"Kevorkian is like someone who comes to your home with a gun, shows you where to point it and how to pull the trigger," said George Annas, a medical ethicist at Boston University and a leading voice in the argument against legalization of physician-assisted suicide. "Quill, on the other hand, he's a real physician. He's just doing good medicine—better than most." (DFP, Mon, 12/16/96, N)

In the following paragraph, assisted suicide is characterized by the writer as “death on demand.” The euphemism “find death” is used for assisted suicide. A juxtaposition of Quill and Kevorkian shows that Kevorkian is willing to help strangers while Quill prefers a long-term relationship with his patients.

Once or twice a month, Dr. Timothy Quill picks up the phone and finds on the line a stranger who wants to die. They may have seen him on TV or read his books about helping people “find death.” They may know about the famous “Diane,” a leukemia patient for whom Quill prescribed the sleeping pills she used to end her life. But their hopes are misplaced. Quill has admitted assisting two suicides, but he does not deliver death on demand. (DFP, Mon, 12/16/96, N)

“I don’t mean to put Dr. Kevorkian down. I’m just saying that he’s not the model. Quill is the model,” said Faye Girsh, executive director of Hemlock Society USA, which lobbies for legalizing assisted suicide. (DFP, Mon, 12/16/96, N)

Kevorkian, Quill said, should step aside in favor of practicing physicians. “He doesn’t have the right skills,” Quill said. “This debate is not about suicide. It’s about what is good end-of-life care? And what do you do when that care doesn’t work? Do you still have a responsibility? That’s the core of the issue for me.” (DFP, Mon, 12/16/96, N)

The New York state district attorney who attempted to prosecute Quill for his role in the assisted suicide of “Diane” explains why Quill was not indicted for her death. The use of the loaded language (crusade, embarrass) serves to further differentiate Quill (the good doctor) from Kevorkian (here, the bad doctor).

“This was far different from the Kevorkian cases. It was clear to everyone here that Dr. Quill was not embarking on a crusade ... or looking for ways to embarrass law enforcement or to get publicity for himself.” (DFP, Mon, 12/16/96, N)

Good care versus bad care. In addition to depicting a dichotomy of good doctors versus bad doctors, good care was pitted against bad care. Good care often was described

as compassionate and was equated with hospice care, while bad care was that which perpetuated pain and suffering needlessly. Likewise, good care resulted in a good death that acknowledged the patient as a human being, while bad care typically resulted in a long and painful or rushed and anonymous death.

What has typically occurred in the United States for persons to receive good end of life care is referral into a hospice program. (LSJ, Sun, 9/13/98, O)

A palliative care nurse from mid-Michigan offered the following in an opinion piece published in the *Lansing State Journal*:

I believe physician-assisted suicide as a means to relieve one of suffering only grants healthcare providers permission to continue practicing without the specific skills and knowledge required to manage pain and symptoms. (LSJ, Sun, 9/13/98, O)

A woman on the editorial board of the *Lansing State Journal* who also served as a hospice volunteer wrote a column opposing Proposal B. In it, she used loaded language (hasty, anonymous, intense pain) to draw a dichotomy between assisted suicide and hospice care.

A good death is a death that acknowledges every aspect of patients' identities and addresses spiritual and emotional needs as well as similar needs of family members. If Proposal B passes, I fear that patients, or doctors, may assume that a hasty, anonymous death is the only way to resolve intense pain and suffering. (LSJ, Thurs, 10/8/98, O)

Hospice care, in particular, was described using visual images (falling leaf), simile, and euphemism (ending of a life).

Hospice is a program of in-home managed care for terminally ill people and those in the late stages of chronic illness. Teams of caretakers and volunteers help patients manage their pain and live as fully as possible in their last days. They die comfortably. And they die at home with their friends and family, Orlando said. (LSJ, Fri 11/6/98, N)

There was a skilled nurse to manage the pain, a social worker and spiritual counselor to help her face the resolution of life issues, and a home health aide to help a proud lady look and feel her best as she said her final good-byes to the special people in her life. They worked as a team to care for us. The love and sensitivity they displayed helped bring peace and comfort to the ending of a life—the way it should be, the way it was always meant to be. (DFP, Thurs, 10/1/98, O)

The writer of a story about children's hospice in the Grand Rapids area quoted a nurse and grief counselor as using a simile to compare death to a falling leaf:

Said Merrell: "In most cases, death comes gently, like a leaf falling from a tree." (GRP, Sat, 7/5/97, N)

Medicine or Poison? State Senator William Van Regenmorter, a vocal opponent of legalized assisted suicide, brought up the dichotomy that addressed the legal loophole enjoyed by Kevorkian as he administered chemicals that caused death despite his stated intent to relieve suffering.

"I don't think anyone would think carbon monoxide is a medication. It's poison." (GRP, Sat, 6/22/96, N)

Imagery was used to depict the machine used to cause death as well as the actual occurrence of death by carbon monoxide poisoning:

The contraption is certainly an unusual item to have in a storage locker—even one at a police department. But there it sat in the department's headquarters on Tuesday: a plastic hose, a mask and two empty carbon monoxide tanks that, together, formed the suicide machine that Jack Kevorkian used on Jan. 20, 1993, to help Jack Miller, 58, a bone-cancer patient who lived in the township, end his life at his home in the Huron Estates mobile home park. (DN, Wed, 8/19/98, N)

There was a difference in how Dragovic and others described death by carbon monoxide poisoning. While Kevorkian led people to believe, and witnesses testified, that carbon monoxide poisoning was a painless way to end suffering, Dragovic and others

disagreed. While the following examples were not in the same story, they ironically depict Kevorkian helping people end their suffering by suffering a painful death. The euphemism “gift” was used to refer to one woman’s death, while loaded language (grace, dignity, smooth, peaceful, nauseating, suffer) was used to depict the different images of death by carbon monoxide.

On Friday, Frederick’s son, Richard, told the jury what it was like watching his mother die in Kevorkian’s Royal Oak apartment. After he adjusted the mask so it wouldn’t pinch her ears, her death from carbon monoxide poisoning “was so smooth and peaceful,” Frederick testified. “She did it with grace and dignity,” he said.” After it was over, we couldn’t thank her more for such a wonderful gift.” (DFP, Sat, 2/24/96, N)

Although Kevorkian won’t discuss what he’s doing, Dragovic speculates that Kevorkian may find the drugs preferable to carbon monoxide because of the way the gas kills. “Carbon monoxide is very nauseating and the headache is quite severe. With carbon monoxide, they really suffer a lot because it takes up to 10 minutes,” Dragovic said. (DFP, Sat, 8/17/96, N)

Tradition or progress? By invoking images of the past, the writers of some editorials attempted to draw a dichotomy between tradition or the past and progress or the future. In doing so, these articles often portrayed the past as ineffective in terms of patient treatment and perpetuating pain, as opposed to the future or progressive view that was more appropriate for the current time.

In particular, one *Detroit News* writer used sarcasm and irony to depict this dichotomy:

This time, says crusader Thompson, Kevorkian will be tried according to common law, no newfangled, contemporary law for this newfangled, contemporary society. Back to basics! ... It is law by custom more than statute. It is more cultural than ponderously legislative. (DN, Tues, 3/12/96, O)

One writer who was an editorial board member of the *Lansing State Journal* as well

as a hospice volunteer urged readers to vote against the legalization of assisted suicide:

When you consider Proposal B, consider the fact that we have in place a healthy, progressive option for the dying to bring life to a close in a way that addresses medical and pain control needs but identity and desires as well. (LSJ, Thurs, 10/8/98, O)

Cowardice or courage? Another dichotomy was drawn between having courage—to seek physician-assisted suicide or to acknowledge it— and cowardice. Loaded language, including the use of the word coward, often was used. The way a writer characterized it, using words from both Fieger and Kevorkian, to not publicize assisted suicide activity, to keep it private, was to be cowardly.

Reminded that Quill has waged a legal battle on behalf of assisted suicide, Fieger said, “Yeah, he might be doing something about it, but meekly and sheepishly.” (DFP, Mon, 12/16/96, N)

Kevorkian, the retired pathologist, has called Quill a fraud and coward because Quill has not aggressively offered suicide assistance, nor was present when his patients died. (DFP, Mon, 12/16/96, N)

Writers quoted one of the Oakland County prosecutors, Lawrence Bunting, as well as an excused alternate juror from the Frederick-Khalili trial, to portray the cowardice versus courage dichotomy. The juror, in particular, expressed the conflict between having the courage to do the smart thing over the right thing.

“Kevorkian called me a coward and I said, ‘Jack, tell the public what you’re doing,’” Bunting said after the meeting. (DFP, Tues, 6/18/96, N)

“The right thing would’ve been to convict him because he broke the law,” said Norm Cohen, 59, a retired investor and speculator from Southfield. “The smart thing would’ve been to acquit him because it’s a bad law.” (DN, Fri, 3/8/96, N)

Medical sources, including the psychiatrist husband of one of Kevorkian's assisted suicides and an anti-assisted suicide physician, were both paraphrased and directly quoted by writers in order to portray the choice of assisted suicide as cowardly, as giving up.

For years, Dr. Franklin Curren watched as his wife, Judith, grew increasingly ill. But as her ailments worsened over the last year—and she thought suicide was her only option—Curren said he begged her not to give up. (DFP, Mon, 8/19/96, N)

In fact, cancer patients experiencing pain were more likely than others to frown on the notion that physicians should be allowed to help patients die. Dr. Ezekiel J. Emanuel of Dana-Farber Cancer Institute in Boston, who led the survey, said, "Euthanasia and physician-assisted suicide may be an easier out, and people worry about that." (DFP, Sat, 6/29/96, N)

Other writers expressed the cowardice-courage dichotomy through depicting the choice as avoiding suffering. One writer chose a quotation that expressed the idea that suffering shouldn't keep a person from continuing to live. The euphemism of quitting was used to describe choosing physician-assisted suicide.

"I tried to talk her into feeling that there was reason to continue," Curren said. "I respected where she was. I knew her suffering. I was still saying, 'Don't quit.' But on the other hand, I was thinking, 'Who am I to ask this person to keep suffering?'" (DFP, Mon, 8/19/96, N)

[Proposal B] Opponents, including doctors and religious groups, argued that there is no need for suicide if dying people know their lives will end without pain and with dignity. (GRP, Sun, 11/22/98, N)

Secrecy vs. Privacy vs. Openness. Several articles address the concept of secrecy or privacy. Simply the choice of word, secrecy or privacy, connotes different ideas. Secrecy, often expressed through the use of the word "clandestine," made it seem as if the activities were deliberately hidden from public purview in order to maintain dishonest or illicit behavior. Privacy, on the other hand, connotes a personal desire to protect oneself

from the prying eyes of society. Privacy often is termed a right, while secrecy is decried as dangerous and nefarious.

If Jack Kevorkian had his way, you would assume that terminally ill people have two choices when they are facing death and dealing with intense pain: either a long, painful decline in the hospital or a quick, clandestine physician-assisted suicide in a motel room. (LSJ, Thurs, 10/8/98, O)

“She couldn’t end her life legally. She had to go around in a clandestine manner,” Poenisch said during a Lansing news conference. “She should have been able to ask her personal physician to help her” end her life. (LSJ, Fri, 3/14/97, N)

For example, an article that discussed the ballot proposal prepared by Merian’s Friends offered paraphrases by the opposing sides that used different, loaded terms to depict the secrecy regulations involved in the proposal:

Van Regenmorter said the full proposal—11 pages long—details secrecy requirements that would prevent prosecutors and police from investigating suspicious deaths. The vulnerable sick could be pressured into assisted suicide and nobody would be the wiser, he speculated. ... Pierce, on the other hand, said the secrecy requirements simply extend to assisted suicide the current privacy protections regarding Michiganians’ medical records. (DN, Mon, 8/31/98, N)

The writer of one article that discussed several of the people whom Kevorkian assisted in death described the changing conflict between the desire to publicize the deaths and the desire to hide them.

In the early days of his crusade, when many would-be suicides and their families recoiled from publicity, Kevorkian had preached the virtues of openness. But as the legal assault on his activities continued, Kevorkian had dropped the role of flamboyant sidewalk preacher, loudly inviting the public’s attention. Now it was his two latest patients who pressed to turn their deaths into public testimony, while Kevorkian preached a brand new gospel—silence is golden. (DFP, Wed, 3/5/97, N)

Derek Humphry, the founder of Hemlock Society USA, discussed the need for secrecy when physician-assisted suicide was chosen as an option:

"I get reports all the time of doctors saying OK, here's the drugs. But only to people who are close to death, whom they like and trust, and know will keep their mouths shut." (DN, Mon, 3/24/97, O)

Loaded language was used by writers to emphasize the dichotomy of secrecy versus openness. Some examples included the use of such words as "cloaked" as well as phrases such as "shine a light" and "keep death in the closet."

The apparent suicides were cloaked in secrecy. (DFP, Wed, 3/26/97, N)

How many abuses are occurring right now? No one knows because the issue is hushed up and hidden. No one denies this is going on in various forms yet we will be told it cannot be controlled. This is like saying ignorance is bliss. As long as we don't know about it, it's OK. Ask yourself if it is better to shine a light on something you know is going on, study it and prevent abuses or sweep it under the carpet where no one can see it or study it. (LSJ, Sat, 7/25/98, O)

The death-denying culture that pervades the American public is a constant reminder of how we keep death in the closet of the "unknown." (LSJ, Sun, 9/13/98, O)

Natural vs. Unnatural Death. Another comparison was drawn to pit natural death against unnatural death. By this, people who died of their diseases, rather than from physician-assisted suicide, died naturally. Although hospice care is medical care, deaths that occurred during hospice care were considered more natural than deaths by physician-assisted suicide or deaths in a hospital. Death in a hospital, surrounded by technological advances that prolong life (or death, depending on the perspective), was viewed as unnatural, as was physician-assisted suicide.

Loaded language, including words such as “invasive,” “dehumanizing,” “robs,” and “crushing,” as well as euphemisms such as “final act,” “reap the rewards,” and “letting go,” were used to depict the dichotomy between a natural death and an unnatural death.

“Nobody ever cares about the people who go on and die naturally or continue to live,” said attorney Geoffrey Fieger, who represents Kevorkian. “Nobody ever pays attention to them. For every patient he helps, there are 20 that he helps live.” (DFP, Mon, 11/25/96, N)

The dying experience is the final act of our earthly existence—when we are able to make closure with our loved ones. Dying should be allowed a healthy and normal experience. If one’s pain and symptoms are managed, one is able to let go and reap the rewards of existence. Physician-assisted suicide robs the natural process of “letting go” for both the patient and their families. (LSJ, Sun, 9/13/98, O)

Death in a hospital—surrounded by all of today’s invasive technology, machines and intravenous tubes—can be dehumanizing to the patient and crushing to the family. (DN, Tues, 7/1/97, O)

One feature on the Kleins, a Grand Rapids-area family dealing with the imminent death of their 12-year-old daughter, Kerry, from a rare neurological disorder known as Rett’s Syndrome, depicted the conflict between the natural death the family desired and the technological intervention required by their medical insurance.

Klein, 45, and her husband, David, want Kerry to die at home in peace. That means no resuscitation, and no rush to the hospital when her heart stops. The problem is, Medicaid, which pays for Kerry’s home care, requires her nurses to resuscitate and call an ambulance. (GRP, Sun, 4/25/99, N)

A man who watched his wife die with hospice care argued that such a death was more peaceful than death by physician-assisted suicide or in a hospital:

We prayed, she persevered, and in the end she became accepting and found that coveted peaceful end. ... I just don’t know if an assisted death would have produced the same depth of feeling. The natural way it happened left me with an unforgettable memory. (DFP, Thurs, 10/1/98, O)

Suffering versus peace. Suffering was a frequently used term in the stories in this sample. People did not have diseases; they suffered from them. People were not living with cancer (or another disease); they were suffering from it. The use of the word “suffer” helped frame the state of disease as a miserable existence while the alternative (assisted suicide or hospice, depending on the article and viewpoint) was presented as comforting and peaceful or promoting a state of serenity.

As a result, one dichotomy was drawn through the juxtaposition of suffering and peace. This dichotomy was advanced primarily through the use of loaded language (messy, hopelessly, prolonged suffering).

She lasted another week, but it was a messy week, with too much pain and too much machinery and too much loss of dignity. (GRP, Tues, 12/1/98, O)

Physician-assisted suicide was portrayed in one editorial as a way to die with dignity and peace and avoid the suffering involved in a prolonged death:

...hopelessly ill patients can choose freely to end prolonged suffering and die in peace and dignity. (DFP, Fri, 3/8/96, O)

Another article portrayed hospice deaths as dignified, comfortable, and spiritual, with pain being managed. The catchphrase of “death with dignity” was used in this case to refer to hospice, not assisted suicide. In particular, one article described a gathering to celebrate hospice care. A state official, James Haveman, described hospice as a dignified alternative to suicide:

“We’ve been working ... on the circle of life. On letting people know there is death with dignity,” Haveman said. (LSJ, Fri, 11/6/98, N)

Quality of life versus sanctity of life. Another dichotomy that helped frame the issue of physician-assisted suicide was that of quality of life versus sanctity of life. Quality of

life, or the lack of it, was depicted often with loaded language (e.g., unuseful) and visual imagery, while sanctity of life often was referred to through catchphrases (e.g., gift of life).

Knowles had been in the Meadows Nursing Home in Norfolk, Neb., for about a year on a nonresuscitate order. Diagnosed with ALS in 1994, she had lost her ability to speak and could barely walk, family members said. (DN, Wed, 3/26/97, N)

The pope's opening message was somber. He described America in conflict—"a culture that affirms, cherishes, and celebrates the gift of life, and a culture that seeks to declare entire groups of human beings—the unborn, the terminally ill, the handicapped, and others considered 'unuseful'—to be outside the boundaries of legal protection." (DN, Wed, 1/27/99, N)

Dealing with deaths that come slowly and painfully can raise moral and ethical questions: How much pain medication is too much? At what point does medical intervention supersede quality of life? When do you decide not to resuscitate? (GRP, Sun, 4/25/99, N)

Ease pain versus hasten death. This dichotomy used euphemisms for death to paint a picture of death as a long, painful process that could be shortened and made easier. These examples used loaded language and euphemism to create a dichotomy between easing pain and hastening death.

Opponents [to assisted suicide] counter that doctors need to learn how to ease pain rather than speed death, and legalizing assisted suicide could lead to elderly or helpless patients being pushed to needlessly hasty deaths. (GRP, Sun, 3/30/97, N)

A report in the fall issue of the journal *Responsive Community* found that the Dutch, not wanting to discriminate, have opened their system up not just to terminally ill people, but also to chronically ill people and those in psychological pain. And although involuntary euthanasia is not legally sanctioned, it is increasingly excused as necessary to end suffering in patients not competent to choose for themselves. (DFP, Wed, 11/12/97, O)

An article about Linda Henslee, a 48-year-old woman who died in January 1996 with

Kevorkian's help, explored the dichotomy between her quality of life (or lack of quality) and sanctity of life:

"It shows a ghoulisn disrespect for the sanctity of human life," said Oakland County Assistant Prosecutor Lawrence Bunting. ...She had been diagnosed with MS [multiple sclerosis] 20 years ago, and had been completely incapacitated in recent years, needing help to eat and use the bathroom, Fieger said. (LSJ, Tues, 1/30/96, N)

The dichotomy of quality of life (or lack of quality) and sanctity of life also was explored in other articles. The use of such loaded words as "suffering," "immense pain," and "autonomy" were used to evoke emotional reactions in readers.

Fieger said people should be able to receive help in dying when they are suffering from a physical disease that has destroyed their quality of life and causes them immense pain and discomfort. (GRP, Mon, 8/26/96, N)

But, religious or secular, there is a conflict of two visions: the sanctity of life (and the patient acceptance of one's circumstances) on one side, individual autonomy on the other. (DN, Tues, 3/12/96, O)

Entertainment: All the World's a Stage

Theater and entertainment were used as well in framing these items. The issue of physician-assisted suicide is marginalized by the emphasis on events, such as Kevorkian's many trials. Then the trials themselves were trivialized by the use of entertainment and theatrical terms to describe them. The proliferation of media at Kevorkian's trials was often termed a "circus." Many references were made to the media circus or the circus-like atmosphere. Stories also were written using theatrical terms, including referring to Kevorkian's role or that he was playing a role, referring to the

dramatic outbursts of Fieger, and portraying the courtroom as a theater for their drama.

Words like debut and spotlight added to the theatrical framing.

Occasionally, stories would begin somewhat dramatically, describing the setting and creating a tone. For example:

The dirt parking lot at Vivian's diner was crowded with pickup trucks. A backhoe took up two spots. Inside, a man in a prison guard uniform rolled his eyes and scowled. ... It seems just about everyone in Ionia—a small town nestled in a valley halfway between Lansing and Grand Rapids—is talking about Dr. Jack Kevorkian. (DFP, Sat, 10/5/96, N)

Another story began similarly by setting a scene:

The body had barely warmed from the subfreezing cold of Jack Kevorkian's Volkswagen van when an autopsy raised the question once again: Was Linda Henslee's life cut short too soon? (DFP, Tues, 1/30/96, N)

Theatrical terminology, such as role and plot, and language that evoked images of drama, such as theatrics, acting, and fame, was used to a couple of ends. Using theatrical terminology trivialized the trials. It helped to set scenes for the stories, fictionalizing them somewhat.

However, the plot line of this drama won't change: "He'll be indicted. The circus will come. Everyone will be up in arms. And he'll be acquitted again." (DFP, Sat, 10/5/96, N)

Following what was, by now, a well-rehearsed routine, Kevorkian and two helpers set a white canister of carbon monoxide on the green living room carpet. (DFP, Wed, 3/5/97, N)

It's hard to know what to call these productions. They're set in contemporary time. The defendant is always Dr. Kevorkian, and the criminal charge is always the same: assisting a suicide. (DN, Tues, 3/12/96, O)

As 1993 came to an end, the legal status of physician-assisted suicide was muddled by an ever-expanding cast of judges and prosecutors. (DFP, Wed, 3/5/97, N)

Oh, sure, the man drives us all a little crazy with his theatrics—especially this latest stunt of his where he gave CBS's "60 Minutes" a videotape of him (he says) administering a fatal injection to a victim of Lou Gehrig's disease. (GRP, Tues, 12/1/98, O)

By describing the state of Michigan and its courts as theaters for Kevorkian's drama of death, writers marginalized his actions and avoided the larger issues involved in the debate over physician-assisted suicide.

The irascible Kevorkian forced us, again, into a theater of legal absurdity, a place where the law disconnects from reality. (LSJ, Sat, 4/3/99, O)

While the panelists did not debate the issue of assisted suicide, they acknowledged that Michigan has become a "national theater" for the work of Dr. Jack Kevorkian. (GRP, Tues, 9/17/96, N)

Allusions to Dr. Frankenstein were used to delegitimize Kevorkian and question his credibility as well as continue the theatrical theme.

Prosecutors on Monday sought to portray Dr. Jack Kevorkian as a mad scientist acting out the first step in a scheme to open suicide clinics and experiment on the patients before they die. (DFP, Tues, 3/5/96, N)

Allusions to television entertainment—both production terms and elements of programming—were used to frame people and events.

Schwartz scoffed. He accused Dragovic of auditioning for a role on *Diagnosis Murder*, a television show about a doctor who solves crimes. (DN, Fri, 11/20/98, N)

In a dramatic attempt to force a final confrontation over the legality of assisted suicide, Jack Kevorkian will appear on CBS' 60 Minutes on Sunday with a videotape allegedly showing him killing a terminally ill patient. ... A spokesman for 60 Minutes declined to identify the patient who dies on videotape, but he added that the identity will be revealed on the segment. ...Kevorkian approached CBS officials with the admission and the tape one week ago, Tedesco said. "We're just letting Dr. Kevorkian tell his story," Tedesco said. "He wants to use the videotape to tell it—and that's an integral part of it. I really don't think there's a news organization in this country that would pass up this story." (DN, Fri, 11/20/98, N)

The writer of one article even alluded to an Old West showdown to depict the absurdity of the debate over physician-assisted suicide.

Oakland Circuit Judge David F. Breck gave the police until April 1 to meet Kevorkian's demands, scheduling the return of the apparatus no later than high noon on April Fools Day. (DN, Thurs, 3/19/98, N)

The use of the circus metaphor was common. It was used to evoke visual images (snow fencing, tent, brick streets as a stage) as well as depict the lack of serious atmosphere surrounding the trials of Kevorkian. By comparing the trials to circuses and using language associated with circuses (circus act, fanfare, crowd) to describe the trials, the trials, in particular the Ionia County trial, were trivialized.

"We expected a circus act, and we got one," she said. (GRP, Fri, 6/13/97, N)

If he is charged, Ionia residents say, their brick streets will become the newest stage for the Jack Kevorkian Show and Media Circus. (DFP, Sat, 10/5/96, N)

"And people are not used to circuses out here, nor do they seek them," Gregory said. "I don't expect a lot of local fanfare over this, we'll be discrete (sic). The trial will bring its own crowd along." (DFP, Sat, 10/5/96, N)

"You look around here, you have maybe 20, 30 reporters standing around. You have the courthouse ringed in snow fencing, a tent," Voet added. (LSJ, Fri, 6/13/97, N)

Fear: 'Please Don't Kill Me'

In the Netherlands, many elderly and ill people carry cards on their person that read, "Please don't kill me." An article in the *Detroit News* (1997) asserts that they carry these cards to express clearly their wishes should they end up in a hospital unable to communicate this advance directive. Although technically illegal, euthanasia is practiced regularly enough in the Netherlands that people fear being put to death should they not be able to express the desire to live.

The frame of fear was advanced through the use of allusion, imagery, and loaded language. Euphemism also was used, as was depersonalization. The victims were said to fear disability more than death. The slippery slope (see p. 25) was invoked. The governor feared that Michigan would become known as the “suicide capital.” People feared the loss of rights, control, dignity, and autonomy. People with disabilities said they feared elimination, Nazi-style. Quality of life issues were raised to emphasize what these folks had to fear and why they feared losing control of their right to choose.

An editorial in the *Detroit Free Press* about the Ninth U.S. Circuit Court of Appeals majority opinion that ruled the right to die fell under the auspices of the constitutional guarantee of due process used a quotation from the court’s decision that relied heavily on loaded language (wracked by pain, deprived of all pleasure, unrelieved misery) to advance the frame of fear:

“For ... patients, wracked by pain and deprived of all pleasure, a state-enforced prohibition on hastening their death condemns them to unrelieved misery or torture.” (DFP, Fri, 3/8/96, O)

One of the ways that the frame of fear was advanced was through the depiction of disability as a fate worse than death. Loaded language (waste away, emaciated, bedridden, tortured) was used to present and perpetuate this frame. Imagery also was used to depict the presumed poor quality of life experienced by people with disabilities (can’t provide for even his simplest needs, to be left so demented or disabled that we can’t ask to be released).

Carol Poenisch, Frederick’s daughter, remembers watching her 72-year-old mother waste away from Lou Gehrig’s disease, a prisoner in her own body. (LSJ, Fri, 3/14/97, N)

Miller—once a strapping, bearded forester who was fast succumbing to cancer—had grown emaciated and bedridden in the last six months of his life and wanted to end his suffering, Kevorkian told authorities. (DN, Wed, 8/19/98, N)

Karen and Roy Tyndall's mentally handicapped infant daughter used to scream incessantly, depriving the couple of sleep and straining their marriage. ... "She was so tortured, I was at the end of my tether," said Tyndall, 35, who suffered a breakdown trying to cope with Fiona and two other daughters, aged 8 and 5. (GRP, Thurs, 5/16/96, N)

Michael Martin is conscious. But he can't swallow or eat. He is fed through a tube that directly enters his stomach. He is partially paralyzed. He doesn't speak, he doesn't walk. He can't provide for even his simplest needs. (GRP, Wed, 2/21/96, N)

Some of the people Kevorkian helped die were described using loaded language and visual images to depict a fearsome state of pain. Disability was portrayed as a fate worse than death. One, Bette Lou Hamilton, a 67-year-old Ohio woman who used Kevorkian's assistance to die, had a neurological disorder. Another, Rebecca Badger, age 39, had multiple sclerosis.

Hamilton had a progressive neurological disease called syringomyelia, Fieger said. She died of carbon monoxide poisoning. "It's a terrible, terrible disease that destroys the spinal cord," Fieger said. "It's one of the most painful diseases." (LSJ, Sat, 6/22/96, N)

"My day is spent on this couch trying to find relief for this pain, which is non-stop," Badger said. "The pain that I live with is excruciating." She also was anguished by the fear that she had become a burden to a college-age daughter with whom she shared a second-story apartment." (DFP, Thurs, 7/11/96, N)

Gerald Klooster Sr.'s wife says the retired California doctor so feared losing his mind and dignity to Alzheimer's disease that he talked with assisted-suicide advocate Dr. Jack Kevorkian. (DFP, Thurs, 1/11/96, N)

Khalili's cancer had spread to his backbone and "his spine was being eaten away and collapsing," Fieger said, adding Khalili's greatest fear was becoming a quadriplegic. (DFP, Wed, 2/2/96, N)

Lawyer Michael Modelski, a former Oakland County assistant prosecutor and a Kevorkian critic, said juries feel sorry for people who are suffering. "Patients with Lou Gehrig's disease are the most heartrending cases," he said. "To have someone who cannot walk anymore—kind of moaning with a pain just coming through their voice—these are probably the hardest cases to prosecute." (GRP, Sun, 11/22/98, N)

Writers not only selected direct quotations that included loaded language, but also used it themselves in framing the fear of disability that underlay the desire for the option of physician-assisted suicide.

Borrowing arguments from Supreme Court abortion rulings, the judges found that "a competent, terminally ill adult ... has a strong liberty interest in choosing a dignified and humane death rather than being reduced at the end of his existence to a childlike state of helplessness, diapered, sedated, incompetent." (DFP, Wed, 6/19/96, O)

An assisted suicide law that affects only the competent ill does not begin to address the deepest of our terrors—to be left so demented or so disabled that we can't ask to be released. Nor does this doctor's permission slip relieve the other set of terrors, about a too-cheap solution in an era of managed care and ill-managed chronic care. (GRP, Wed, 11/12/97, O)

A guest columnist, Don McNeil, recalled his wife's suffering as she battled the cancer that eventually caused her death:

Two years into retirement, my wife's medical troubles began. It started with internal bleeding and pain every day. She was in and out of the hospital three times. Soon the pain was so bad she could no longer walk. Soon even a walker and a wheelchair could not be used. The pain she was suffering was too great. (DFP, Thurs, 10/1/98, O)

Slippery slope. The slippery slope argument, along with its associated loaded language and imagery, was used to advance the frame of fear as well. This argument is based in ethics and generally contends that when society accepts a practice as normal, that practice can be extended to other groups for whom it was not originally intended. In the case of euthanasia and physician-assisted suicide, the slippery slope posits that allowing

such an activity to be exercised for those who desire it may eventually facilitate the expansion of the practice to those who cannot consent, then to those who have chronic, not terminal illnesses, and finally to those who do not want to die but whom others wish to die. Disability images were used to depict this aspect of the fear frame as were images associated with the slippery slope.

The most serious argument against assisted suicide is the “slippery slope.” If doctors can kill the consenting terminally ill, this right will soon be extended to those whose condition is merely crippling and then to those unable to consent, such as patients with Alzheimer’s. The Netherlands, where close to one-tenth of deaths now involve euthanasia—often, evidently, without consent—and where many elderly and severely disabled people fear being pressured to end their lives, are often cited as an example. (DN, Tues, 3/12/96, O)

Loretta Jahnke, the secretary at the Moline Co-Op and Hardware Store, said a court decision to pull Martin’s feeding tube might jeopardize the lives of others whose only disability is the inability to take in food. “I’m afraid it’s starting to snowball,” she said. “If you pull a feeding tube, where do you cross the line? Is that life support or not? I guess I’m uncomfortable with that.” (GRP, Wed, 2/21/96, N)

In particular, disability activists used this argument to warn against legalization of physician-assisted suicide. Diane Coleman, a lawyer who also has a disability, likened the disability community to the canaries who were used to detect dangerous levels of toxins in coal mines.

“The disability community is the canary in the coal mine. This assisted suicide-euthanasia issue is a test for our nation. If we as disabled, chronically ill or terminally ill people are declared better off dead, who will be next?” (DN, Sun, 7/28/96, O)

Other loaded language, found in direct quotes as well as narrative text, advanced the frame of fear through the image of the slippery slope.

Ron Siegel, secretary of the Handicappers Caucus, said sanctioning the assisted suicides of people with chronic, but nonfatal, diseases “would mean open season on those with disabilities.” (DN, Thurs, 8/22/96, N)

Kevorkian’s suicides drew protests from disability activists Friday. A Midwest group called Not Dead Yet converged on Kevorkian’s front lawn in West Bloomfield Township to protest his comments questioning the quality of life of those with disabilities. (GRP, Sat, 6/22/96, N)

Assisted suicide remains a crime in Michigan, with a ruling by the state Supreme Court defining the crime and a state statute outlining the penalty for all such common law crimes. But, if Mr. Fieger is telling the truth, and has been accurately quoted, assisted suicide has been effectively legalized in Michigan. (DN, Tues, 8/19/97, O)

Even Dr. Timothy Quill, who many physician-assisted suicide advocates praised for his careful, deliberate approach to assisting suicides for patients with whom he had had an extended doctor-patient relationship, was portrayed by assisted-suicide opponents as propelling society down the slippery slope.

Making assisted suicide available and legal for terminally and chronically ill people is one of Quill’s expectations: Opponents of assisted suicide say this is a step down the slippery slope. Such views, they say, make Quill no better than Kevorkian, whom they view as a serial killer. (DFP, Mon, 12/16/96, N)

Columnists who wrote regular columns about disability issues also expressed fear that the slippery slope would extend physician-assisted suicide and euthanasia from people with terminal illnesses who chose such a way to die to people with disabilities who did not want to die. They used imagery and allusions to Nazi Germany as well as quotation marks for non-speech to call into question the altruism of Kevorkian’s actions.

It’s frightening! ... Kevorkian keeps attending suicides of “people with disabilities and nobody is doing anything about it,” says Marsha Katz whose husband, Bob Liston, uses a wheelchair. ... Many disabled people are starting to fear that the United States is beginning to embrace the idea of euthanasia for disabled people as a good idea—not unlike the climate of early Nazi Germany. (DN, Thurs, 3/12/98, O)

Every time Kevorkian gets away with “helping” another one of us die, the survivors with disabilities should fear that society is taking another step toward endorsing it. (GRP, Thurs, 3/19/98, O)

The frame of fear also was advanced by use of the word “burden.” Not only was the concept used to explain why people chose physician-assisted suicide out of fear of becoming a burden, but also the fear that people might come to view themselves as burdens to their family and select death. For example, one writer paraphrased Dr. David Stevens, the executive director of the Christian Medical and Dental Society, as he described the fear of becoming a burden.

After pain, becoming a burden on one’s family is the second biggest concern of a terminally ill person, he said. (GRP, Tues, 9/29/98, N)

A report outlining state legislatures’ options for improving end-of-life care was published and reported upon in 1998. Janet Heald Forlini was a co-author of that study, and she mentioned the burden issue.

“If someone’s situation causes their children to lose their mortgage to provide long-term care,” a terminally ill person may view suicide as a way to ease the burden, Forlini said. (LSJ, Tues, 7/7/98, N)

Fear also was expressed through a discussion of doctor-patient relationships. Loaded language (kill, coerced, heedless practitioner, abuse) was used to execute this frame.

“If physicians have the power to kill, no patient will ever really be able to trust their doctor again,” said Stevens....(GRP, Tues, 9/29/98, N)

Moreover, under the Oregon law, doctors are not required to report that a death is an assisted suicide. David Stevens, executive director of the Christian Medical and Dental Society, said: “Frankly we’re scared. Who can prove if a doctor privately coerced a patient into killing herself? The chief witness is dead.” (DFP, Wed, 11/12/97, O)

An argument against assisted suicide need not proceed only from religious doctrine favoring the sanctity of life, of course. It may also proceed from a

prudential concern that people who wrongly believe they are suffering from a degenerative disease, or are suffering from mental illness, may have their lives snuffed out by a heedless practitioner of assisted suicide. (DN, Sun, 8/23/98, O)

For the most part, Americans also appear uninterested in banning assisted suicide, even though many remain loath to codify it for fear of abuse.” DFP, Thurs, 7/11/96, O)

Even Oakland County Prosecutor Richard Thompson mentioned the effect that legalizing physician-assisted suicide might have on the relationships between doctors and patients.

“Once you legalize private killing, there’s no way to control the abuses we know will occur.” (DFP, Sat, 6/29/96, N)

Other images and catchphrases were used to depict the idea of fear associated with physician-assisted suicide. Loaded language (chilly, duty to die, destroying her body like AIDS, choke on his own vomit) was used to portray physician-assisted suicide and death as frightening.

“When you think of Michigan’s image—Great Lakes, Great Times—the idea that we would be the suicide capital is chilly.” If Proposal B passes, Engler said the elderly and terminally ill might feel “it is their duty now to die.” (GRP, Mon, 10/5/98, N)

Earlier Friday, Fieger said [Judith] Curren suffered from chronic fatigue syndrome that was destroying her body like AIDS. (LSJ, Sat, 8/17/96, N)

Even in this campaign, political opponents chose to argue against the efficacy of the law as much as its morality. The most controversial attack warned that the drugs would not work. This time the scare was that instead of “death with dignity” a patient would “choke on his own vomit.” (GRP, Wed, 11/12/97, O)

The day the U.S. House of Representatives hoped to pass what was termed “symbolic” legislation that would bar the use of federal monies for physician-assisted

suicide, an article expressed the fear of physician-assisted suicide becoming commonplace with hyperbole (Dr. Kevorkians all over the country).

Federal funds are not now being used for such suicides, but supporters of the bill say they want to act in the event the U.S. Supreme Court rules later this year that terminally ill people have a constitutional right to a doctor's help in ending their lives. If that happens, said chief sponsor of the legislation, Rep. Ralph Hall, D-Texas, "you'll have Dr. Kevorkians all over the country." (DN, Thurs, 4/10/97, N)

The writer of a feature article on Kerry Klein, a 12-year-old girl dying of a rare, fatal disorder called Rett Syndrome, quoted her mother, Kathey, as describing death as a fearsome event for which survivors need strength and protective armor:

"I expected the end for Kerry would be a tap dance (short and intense). I didn't know it was going to be a ballet," [Kathey] Klein said. "I feel like I'm trying to prepare everybody, and I'm gathering strength in a closet so when we need it I can rush to that closet and get out enough armor for everyone." (GRP, Sun, 4/25/99, N)

Additional examples of visual imagery (concentration camp-type picture, wasting away of the body) as well as loaded language (lousy, severe nausea, rat-infested, cold-hearted) were used to advance the frame of fear. One article even reported Fieger's use of an allusion to the award-winning film "One Flew Over the Cuckoo's Nest" to express the fear of prolonged suffering held by a 69-year-old man who had multiple sclerosis.

Ovarian cancer usually isn't diagnosed until too late, said Dr. Gunther Deppe, chief of gynecologic oncology at the Karmanos Cancer Institute in Detroit. Most patients have, at best, only a 30-percent chance of surviving five years. "It's a lousy disease," Deppe said. "The natural course is probably much worse than (the side effects of) chemotherapy." Late stages of the disease are characterized by severe nausea and a wasting away of the body. "You get a concentration camp-type picture, with a huge belly," Deppe said. "Meanwhile you're mentally totally clear; the cancer stays in the abdominal cavity." (DN, Fri, 9/5/97, N)

Fieger said that Spolar sought Kevorkian's help because he was afraid of ending up in a nursing home. "He didn't want to have to go into one of those rat-infested nursing homes to be warehoused by Nurse Ratched," Fieger said, referring to the cold-hearted nurse in *One Flew Over the Cuckoo's Nest*, an Oscar-winning 1975 film. (GRP, Thurs, 10/10/96, N)

Intent: Means to an End

Much was made of Kevorkian's intent in causing death, especially in his five court trials. He said his intent was to end suffering, but the medical examiner and other law enforcement officials said it was to cause death. Causing death, Kevorkian would argue, was an "unfortunate byproduct" of relieving suffering. In terms of the victims, their intent was to maintain autonomy. The law's intent, as the many versions of laws banning assisted suicide would attest, was to stop Kevorkian. Technicalities abounded.

The jury that acquitted Dr. Jack Kevorkian last week used an exemption in Michigan's now-expired law against assisted suicide: treatment which can hasten death is legal when the goal is not to cause death but to relieve pain and suffering. (DN, Tues, 3/12/96, O)

But an Oakland County assistant prosecutor said there was only one reason Kevorkian used carbon monoxide: to kill. "Carbon monoxide has no medical, therapeutic value," John Skryzinski said. (LSJ, 2/21/96, N)

"There's no question this procedure hastens death," Fieger said. "But the intent is to relieve pain and suffering." (LSJ, Fri, 3/8/96, N)

Comparing a person suffering from chronic or terminal illness to a family pet that is sick, Fieger was quoted as saying:

"The best thing to do is to put it out of its pain and agony," he said. "Your intent isn't to kill." (LSJ, Wed, 2/21/96, N)

Suicide or homicide? Several writers differed in the terms they used to classify the deaths assisted by Kevorkian. The medical examiner was portrayed as consistently labeling such deaths "homicide" and describing them with terms such as poison while

several writers and Kevorkian and his team of defense attorneys persisted in calling the deaths “suicide.” Occasionally the hospice alternative was mentioned, often described as a “healthy, progressive option.”

Isabel Correa, Dr. Jack Kevorkian’s 40th known suicide patient, died Saturday of carbon monoxide poisoning, the Oakland County Medical Examiner’s Office said Monday. It was a departure from the chemical injections Kevorkian has used in recent months. Correa, 40, of Fresno, Calif., died in minutes. Like other recent deaths linked to Kevorkian, her death was ruled a homicide. (DFP, Tues, 9/10/96, N)

The Oakland County medical examiner says the drug used to poison a terminally ill Waterford Township man is identical to one used by Dr. Jack Kevorkian in previous assisted suicides. Thomas Youk, 52, was found dead in his home on Sept. 17, more than two weeks after Michigan’s new law banning assisted suicide took effect. Chief Medical Examiner Dr. L.J. Dragovic ruled his death a homicide and said that someone injected Youk with a lethal dose of the same barbiturate previously used by Kevorkian, who has helped more than 120 people commit suicide since 1990. (DFP, Thurs, 11/19/98, N)

Of the 33 other assisted suicide patients examined by Dragovic and his staff, 29 were classified as having a chronic, incapacitating disease—“but nowhere close to being terminally ill,” the official said. “I’m not saying these people did not suffer pain, but they weren’t dying.” Autopsies of the remaining four showed no disease. One constant remained: Dragovic classified each as a homicide. (DN, Fri 9/5/97, N)

“If a person is shown injecting a patient with deadly chemicals, then you’re talking about potential murder charges,” said Larry Dubin, a University of Detroit Mercy law professor. “That’s not assisting in a suicide, that’s directly causing someone’s death—and that’s a whole new ball game.” (DFP, Fri, 11/20/98, N)

Credibility: Whom Do We Believe?

Credibility was another frame that emerged from the data, particularly in relation to Kevorkian. The credibility, perceived or portrayed, of Kevorkian is important in the framing of physician-assisted suicide as an issue for a few reasons. First, Kevorkian was

the primary spokesperson in Michigan in the debate over physician-assisted suicide, even as he was depicted as less-than-credible. Second, and more important, the focus on Kevorkian and the events of his life rather than the issue and its underlying problems helped to delegitimize the issue in media coverage.

The many characters in this drama of life were framed by the media and by each other as more or less credible through the quotations, paraphrases, and depictions proffered. One depiction was offered by Dr. Timothy Quill, who indirectly compared himself to Kevorkian, portraying Kevorkian as less trustworthy than Quill himself.

Quill said he believed his experience with Diane would add credibility to the debate in professional circles. "I thought it would be hard to dismiss coming from me, because I have academic credentials and I'm an upstanding member of the medical community and all that stuff." (DFP, Mon, 12/16/96, N)

Several articles raised questions about the credibility and competence of both Kevorkian and his associate, psychiatrist Georges Reding. Loaded language (negligence, unorthodox, not qualified) and imagery (thrown over the trunk of his car and shot full of neuroleptics) were used to portray them as incompetent or, at minimum, outside the medical mainstream.

At least six complaints of negligence have been filed against Reding in the last five years, according to state medical license records obtained by the Detroit Free Press. But none resulted in any action against his medical license. (LSJ, Thurs, 8/1/96, N)

An April 30, 1991, letter signed by 15 mental health patients and advocates sent to the Bureau of Health Services, stated some patients have suffered mentally and physically under Reding because of his unorthodox methods. "Dr. Reding has taken some clients totally off medications and told them they didn't have a mental illness; others he has thrown over the trunk of his car and shot full of neuroleptics. Most of the clients he has taken off medications became psychotic and had to be put back on medication," the letter stated. (LSJ, Thurs, 8/1/96, N)

Earlier Tuesday, prosecutors continued to attack Kevorkian's competence and motives. Prosecutor John Skrzynski suggested that Kevorkian is not qualified to assess the physical and emotional makeup of his patients. (DFP, Wed, 3/6/96, N)

Although many practicing physicians may approach patients as isolated cases with a defined set of complaints, the same approach taken by Kevorkian seems to pose a question of his competence. Perhaps the controversy stems from his preparation as a pathologist, rather than as an internist or general practitioner.

During a segment on "Dateline NBC" (that) aired Sunday night, Kevorkian said he does not have to have an "intimate" relationship with people who seek help from him. "I'm a medical doctor. I can read your records and I can see patients and I can examine them. Who says I've got to learn what their family history is or who their children are or what they did 50 years ago?" (GRP, Mon, 8/26/96, N)

One article provided paraphrased trial testimony about the process Kevorkian used in the assisted suicides that were accomplished with the use of carbon monoxide. The paraphrased selection portrayed Kevorkian as unprepared and incompetent.

Kevorkian has said he tells patients they can pull off the mask and stop the process at any time. But under cross-examination Tuesday, he acknowledged that he did not have special oxygen equipment used in hospitals to treat high levels of carbon monoxide. (DFP, Wed, 3/6/96, N)

However, Kevorkian's own notes show he may not follow up on what he tells his patients. For example, when Hugh Gale, a 70-year-old man with emphysema underwent assisted suicide, Kevorkian took notes, which later he discarded in favor of an amended set of notes. In the original set of notes, which were found by a right-to-life activist who dug through Kevorkian's trash:

The notes told how Gale had twice demanded the carbon monoxide mask be taken off and his suicide halted. The second time Gale cried "Take it off," he

lost consciousness and the mask was left in place until his heart stopped beating some 11 minutes later, the notes said. (DFP, Wed, 3/5/97, N)

An editorial mentioned a newspaper investigation that attempted to discern Kevorkian's credibility in regard to the guidelines he uses to select and assist people in committing suicide.

How well have Jack Kevorkian's self-imposed safeguards been enforced so far? Newspaper investigations have revealed he has not always followed his own rules. (DN, Tues, 8/19/97, O)

The creation of medical terms by Kevorkian and his legal team seems to be their attempt to legitimize their actions and make them seem more credible. However, the media's use of quotation marks around these terms effectively delegitimizes these terms and calls into question their truthfulness.

Such a videotape would mark the first time Kevorkian has allowed the public to view the retired pathologist engaging in his "medicide" practice. (DFP, Fri, 11/20/98, N)

Reding signed the death certificate, listing the cause of death as "patholysis." A psychiatrist who works at Lifeways, a mental health agency in Hillsdale and Jackson counties, Reding didn't return a phone call asking for comment. (DN, Sun, 5/12/96, N)

"Suicide machine" and "euthanasia device" were terms used by media to describe Kevorkian's equipment. However, the way the terms were used in stories, set off with quotation marks and integrated into legal stories, they appeared to be terms used by Kevorkian and his legal team. Other examples of quotation marks being used to delegitimize Kevorkian and his activities included:

A videotape, which Voet said shows Kevorkian "counseling" Peabody, was confiscated by Bloomfield Township police in a Sept. 6 raid at a Quality Inn there. (GRP, Fri, 1/31/97, N)

Dr. Jack Kevorkian has defended his practice of assisted suicide by citing a list of criteria he claims to use before he agrees to help a “patient” take his or her life. (DFP, Thurs, 8/22/96, O)

War/Peace: The Battle for Tranquility

Many stories alluded to war or battle, framing the story as a conflict between two or more sides. Several stories alluded to the crusades, calling Kevorkian’s activity a crusade for assisted suicide. These stories used religious imagery as well to perpetuate the image of the prophet on a mission to enlighten the world. Allusions to civil rights images of Rosa Parks and Martin Luther King, Jr., as well as catchphrases related to the Revolutionary War and medieval jousts were used to advance the frame of war.

Pope John Paul II arrived in the heartland Tuesday for a 30-hour visit and likened the battle over abortion and euthanasia in America to the bitter legal clash over slavery on the eve of the Civil War. (DN, Wed, 1/27/99, N)

Whatever the court decides—even if it chooses not to act at all—physician assisted suicide is poised to ignite a moral, legal and political battle in every state, a battle that advocates on both sides fear could become as nasty and divisive as abortion has been since the landmark 1973 Roe versus Wade decision. ... Right-to-die advocates agree that the landscape has been radically altered, and cringe at the thought of all-out war with the battle-tested, politically savvy troops of the anti-abortion movement. (DFP, Wed, 6/19/96, O)

Oakland County Prosecutor Richard Thompson, still reeling from his most recent defeat on a field of legal combat, prepares anew to mount his lame horse and lead his weary band of public crusaders against the wicked forces of evil incarnate: Dr. Jack Kevorkian! (DN, Tues, 3/12/96, O)

Battles were waged, won, and lost within the system, against the system, among family members, and against certain players. Terminology likening the court appearances to boxing matches or sporting events also was used. One article sported the headline “Lawyers spar at Kevorkian trial,” (LSJ, Wed, 2/21/96, N). In terms of the war metaphor,

Kevorkian's trials often were referred to as battles, minor skirmishes in the war to legalize assisted suicide.

Jack Kevorkian has lost the first court battle to retrieve his so-called suicide machine and other property seized by the Ionia County prosecutor's office. But a second hearing set for Feb. 18 may determine the fate of the evidence, as well as the fate of the latest round of criminal charges against the assisted suicide advocate. (DN, Fri, 1/31/97, N)

On the eve of a federal court battle over assisted suicide, Dr. Jack Kevorkian on Sunday night dropped off the body of at least his 42nd patient Sunday night, a psychiatrist with colon cancer. ... Today's case in U.S. District Court in Detroit pits lawyers for Kevorkian and Janet Good against Oakland County Prosecutor Richard Thompson. (DFP, Mon, 9/30/96, N)

Both attorneys earned low marks for their courtroom combat. (DN, Fri, 6/13/97, N)

The efforts against physician-assisted suicide also were compared to a war. Religious opponents attempted to "combat" the legalization effort. Imagery also was used to advance the frame of battle or war; for example, religious troops were being "mobilized" for the impending defeat.

Detroit Cardinal Adam Maida's new hot line, designed to combat abortion and physician-assisted suicide, drew more than 100 calls from supporters on its first day—and four calls from people needing immediate help. (DFP, Thurs, 7/11/96, N)

The archdiocese is attempting to mobilize Roman Catholic parishioners to defeat a November ballot proposal that would legalize the practice. (DN, Sun, 8/23/98, N)

Right to Life of Michigan also apparently viewed the attempts to stop Kevorkian as a war. The legislative director was quoted as referring to the body count associated with Kevorkian's efforts, similar to the body count associated with a war.

Ed Rivet, legislative director of Right to Life of Michigan, commented on the state's inaction to stop Kevorkian: But he said Kevorkian could provoke a

change of heart: “Let’s watch the body count and see if we’re going to stand around and do nothing.” (GRP, Sat, 6/22/96, N)

War and peace was a theme as well. Many of the people who died with Kevorkian’s help were said to be battling or fighting a disease. Ultimately, death gave them peace. Terms such as bout, fight, battle, and feud were used to describe the relationship between the person and his or her disease or condition.

A woman wearied by her 20-year battle against multiple sclerosis became at least the 27th person to die in the presence of Dr. Jack Kevorkian. (GRP, Tues, 1/30/96, N)

The expected advertising effort that Citizens for Compassionate Care, a coalition of right-to-life, religious, disability, and other anti-assisted suicide activists, would mobilize in order to defeat Proposal B also was described by an assisted-suicide supporter with war-related terminology.

If history is a gauge, opponents will run low-key ads until a few weeks before the election then completely blanket the state with a blitzkrieg of half-truths, distortions and misinformation. (LSJ, Sat, 7/25/98, O)

Freedom: Liberty to Die

The frame of liberty includes references to rights, civil rights, dignity, and personal autonomy. Allusions, loaded language, the use of quotation marks to minimize or delegitimize, catch phrases, and comparisons to other social issues such as abortion were used to advance and sustain this frame.

According to the news coverage, people who chose assisted suicide saw it as a way to assert control over their lives and the diseases that had robbed them of control. Loaded language and allusions were used to express the desire for control and the importance of

it to these individuals. For example, one item alluded to Socrates' cup of hemlock used to commit suicide:

If the rules are enacted, legal challenges are almost certain from patients who have been denied their cup of hemlock, claiming that the rules are unequally applied and therefore unconstitutional. (DN, Sun, 3/30/97, O)

The Pacific Northwest, which has spawned consumer revolutions from personal computers to gourmet coffee, has become home to the latest upheaval in individual rights: a terminally ill person's right to "hasten death" with a fatal dose of medication. (GRP, Mon, 9/30/96, N)

Strongly worded items with a great deal of loaded language were used along with hyperbole to emphasize the personal liberty argument.

If "personal autonomy" is the justification for assisted suicide, by what right may a person's self-determination be limited to the last few months or weeks of life? Why shouldn't anybody—such as an 18-year-old girl depressed by her breakup with a boyfriend—have a legal right to be "assisted" into the beyond? And, if the relief of suffering is the justification, why should such relief be withheld from persons who are not mentally competent? Mentally incompetent people suffer pain too. Likewise, who is "terminal"? Medical experts who have studied that question found a significant percentage of patients judged terminal by their own doctors in fact lived far longer than expected—often a year or more. If assisted suicide is legalized and "regulated," University of Michigan law professor Yale Kamisar warns, these questions are likely to be raised in lawsuits. If the state can't define clear limits, the doctrine of "due process" and "equal rights" would quickly wipe away all barriers. After all, "rights" are, by their nature, indivisible. (DN, Thurs, 7/3/97, O)

The newspapers reported that people wanted to have the right to make their own decisions about their fate and medical treatment. Loaded language, such as "endure," "suffer," and "profound," as well as imagery (tying their fingers to the switch) were used to help express this desire.

Fieger has said repeatedly that he's not for assisted suicide, but will fight for people's right to make up their own minds over whether to use it. (GRP, Mon, 10/5/98, N)

Dr. Ed Pierce, the former Ann Arbor mayor and state senator who chairs Merian's Friends, said a law is needed to protect terminally ill patients and their right to control their lives and deaths. (LSJ, Sun, 5/11/97, N)

"It is one of the profound issues of our time. I think people should have the right to decide in the last six months of their life that they don't want to endure pain," [Wayne County Prosecutor John] O'Hair said. (LSJ, Sun, 5/11/97, N)

Hospice care also allows patient autonomy when facing the end of life—to choose whether to continue treatment or not, for example. (LSJ, Thurs, 10/8/98, O)

People wanted control over their lives and deaths. It often was said that their diseases "robbed" them of control, and Kevorkian, even by "tying their fingers to the switch of one of his suicide machines" gave them back control over their fate (DFP, 3/5/97, N)

Derek Humphry, founder of the Hemlock Society, identifies these reasons as justification for assisted suicide, what he terms "self-deliverance," in a question-answer article that appeared in the *Detroit News*:

"Personal liberty, personal choice, not wishing to suffer anymore. Not everyone wants hospice care." (DN, Sun, 3/30/97, O)

Strong visual imagery (e.g., caged in nursing homes) was used to express the desire of people with disabilities to enjoy the same freedom to choose as non-disabled individuals. Loaded language, including references to freedom and dependency, as well as the oxymorons "death with dignity" and "lethal mercy," were used to strengthen the imagery.

Another organizer for Not Dead Yet is Woody Osburn, a full-time civil rights specialist with the Pennsylvania Coalition of Citizens with Disabilities. He is a quadriplegic. "Americans with disabilities," says Osburn, "don't want your pity or your lethal mercy. We want freedom. We want life!"

"Our deaths are being viewed as more desirable than providing services, such as in-home care, that would allow us to live as free and independent citizens. Instead, many of us are caged in nursing homes and other institutions or

dependent on a family member—the two main circumstances that lead to assisted suicide.” (DN, Sun, 7/28/96, N)

An editorial in the *Detroit News* described “death with dignity” as an oxymoron:

Death with dignity has become a catch phrase for those who want to write into statute those things we can and cannot do in the environment surrounding the end of life. The spinmeisters for legalizing assisted suicide would have us believe their position is simply a natural progression of the ways and means of dying. They are self-congratulatory in the deftness of their deceit. Death with dignity is an oxymoron, a contradictory phrase. ... Death is sudden and tragic, or lingering and expected. It is painful or quiescent. It visits both young and old. It is never pretty. People live with dignity; death itself is not dignified. Spare me from the contorted logic of “death with dignity.” Allow the terminally ill to die with compassionate care. Allow the disabled to live without fear that they are “disposable.” (DN, Tues, 7/1/97, O)

Allusions to the Constitution and civil rights also helped advance the frame of liberty. Loaded language and catchphrases perpetuated the allusions and imagery.

“In this lawsuit, we contend that the Constitution, particularly the Ninth and 14th Amendments, protect as a fundamental right, the right of persons to be free from unbearable and irremediable suffering due to a medical condition,” [Wayne State University law professor Robert] Sedler said. (LSJ, Sat, 3/20/99, N)

The U.S. Supreme Court’s refusal to find a right to assisted suicide in the Constitution was good news not just for opponents of assisted suicide but for defenders of the Constitution itself. The document’s meaning is in what it says, not in what people might like it to say. (GRP, Tues, 7/1/97, O)

Allusions to civil rights and the Bible (Solomon-like) were used to highlight the sanctity of having a choice. One of Kevorkian’s assisted suicides, Nick Loving, a 27-year-old Arizona man with Lou Gehrig’s disease, quoted civil rights leader Dr. Martin Luther King Jr.

Asked by Kevorkian if he had anything to “say to the world,” Nick Loving repeated the lines of the old Negro spiritual, made famous by Dr. Martin Luther King Jr.: “Free at last. Free at last. Thank God Almighty, I’m free at last.” (DFP, Wed, 3/5/97, N)

Fortunately, the U.S. Supreme Court last week wisely reversed the judgments of the 2nd and 9th U.S. Circuit Courts of Appeal and ruled that there is no substantive right to assisted suicide in the Constitution—a Solomon-like decision. (DN, Tues, 7/1/97, O)

Religious and moral arguments also were used to advance the frame of liberty, despite the fact that many major religions do not support the practices of physician-assisted suicide or euthanasia (see p. 20). The use of such catchphrases as “die with dignity” and “gift of life” as well as the use of such respectable sources as an Episcopal Bishop and a priest, helped perpetuate the frame of freedom.

Easing the way of people who are dying is proper, said retired Episcopal Bishop Coleman McGehee. “The major religions of the world agree that the gift of life comes from God. We can offer a proper use of our life and a proper end to our life. We are allowed to die ... and to die with dignity,” he said. (LSJ, Sun, 5/11/97, N)

The gruesome medical details of each of his disheartened patients focuses the attention of each juror on Dr. Kevorkian’s relieving pain. Yet, the real question at stake is much deeper. It addresses an essential question of human rights: Whether it is moral or immoral for a person to be “helped” to die. (DN, Sun, 10/20/96, O)

When Proposal B failed, one county clerk, Dan Krueger, was quoted describing it as a loss of rights:

“As a historian I look back at democracies in the past. The way that you lose your rights is failure to participate in the process. It’s the fault of people who didn’t put their voice into a vote.” (GRP, Fri, 11/6/98, N)

Arguments using loaded language were raised questioning the role and reach of the state and the law in the debate over physician-assisted suicide. Some of the examples of loaded language included right to private choice, dictating, and unwanted treatment. One of the writers was the chairman of the Libertarian Party of Michigan; another was an anesthesiologist and medical director of Hospice of Greater Kalamazoo.

The majority of the people of Michigan have said they want to think for themselves. All of us want the right to make our own decisions. Voters of Michigan should vote yes on Proposal B in November. That will give each of us our right to private choice when it comes time to die. (DFP, Thurs, 10/1/98, O)

Likewise, the state has absolutely no business dictating to any free citizen whether or when or under what circumstances or with whose assistance he or she may end his or her own life. The life belongs exclusively to that individual, not society. And it most certainly does not belong to the state. A competent adult should not need to seek anyone's permission to end his or her own life. (DFP, Thurs, 10/1/98, O)

First, the right to refuse or stop any unwanted medical care in Michigan already exists. Patients should not receive unwanted treatment. Period. No change in the law is needed to exercise this existing right. (DFP, Thurs, 10/1/98, O)

During Kevorkian's trial for the deaths of Merian Frederick and Ali Khalili, his defense attorney Geoffrey Fieger was quoted using loaded language (kindness and compassion is a crime, deny people the right to die) as well as invoking the Revolutionary War concept of liberty and freedom, "don't tread on me," to help establish this frame.

"...no prosecutor can ever attempt to convince free Americans that any law says kindness and compassion is a crime." (LSJ, Fri, 3/8/96, N)

He said a person has a choice to die without governmental interference. "By your verdict, you will send a message not only to the world, but to the prosecutor: 'Do not tread upon us,'" Fieger said in concluding his opening statement. (DFP, Wed, 2/21/96, N)

Dr. Jack Kevorkian's attorney urged jurors to acquit the retired pathologist of assisted suicide Thursday to send a message to the world that no law should deny people the right to die. (LSJ, Fri, 3/8/96, N)

Writers often drew comparisons between abortion, another volatile social issue, and physician-assisted suicide. Loaded language was used to draw and maintain these

comparisons as well as emphasize the role of personal autonomy and choice in the resolution of these debates.

Just as the nation has struck a balance—albeit uneasy and tenuous—on abortion, we continue to believe it is possible to develop sensible, humane legal guidelines within which hopelessly ill patients can choose freely to end prolonged suffering and to die in peace and dignity. (DFP, Fri, 3/8/96, O)

“This is the abortion issue of the 1990s,” says Susan Dunshee, who heads both the Seattle AIDS Support Group and Compassion in Dying. She and other advocates call it a matter of personal choice, the right of dying persons to control their final days. (GRP, Mon, 9/30/96, N)

The hastiness of the push to create or recognize physician-assisted suicide as a right worried some writers, who used loaded language to express their concern.

One disturbing aspect of the assisted-suicide debate is the eagerness of many who call themselves liberal to embrace the instant creation of this right in the name of personal autonomy. The greatest contribution of contemporary liberalism is its insistence on defending the rights of the vulnerable—the poor, the disabled, the sick and the elderly. Liberals have argued that individuals need protection not only from state coercion, but also from pressures in the private realm. ... The risk of harm (of assisted suicide) is greatest for the many individuals in our society whose autonomy and well-being are already compromised by poverty, lack of access to good medical care, advanced age, or membership in a stigmatized social group. (GRP, Tues, 7/1/97, O)

It should strike us as strange that we were on the verge of rushing toward a right to suicide even before we had established everyone’s right to decent health care. (GRP, Tues, 7/1/97, O)

RQ2: How Does the Framing of Stories About Physician-Assisted Suicide Change Over Time?

In a qualitative study it is difficult and less meaningful to quantify the existence of items within categories. However, in order to answer this question, quantification is necessary. The frames of blame, fear, freedom, and dichotomy were the most prevalent frames in all of the years included in this study. Blame was the most common frame in all

years except 1996 and 1997, when fear was the most common. Fear was second most common in 1998; it was most common in 1996 and 1997, and it was third most common in 1999. Freedom was second most common in 1999, third most common in 1996 and 1998, and fourth most common in 1997. Dichotomy, which rounded out the most common frames, was third most common in 1997 and fourth most common in all other years. (See Table 2.) The use of the fear frame decreased over time, from a high of 42% in 1996 to a low of 25% in 1999. The credibility and intent frames also decreased over time, from 19% to 6% and 12% to zero, respectively. Other frames maintained a relatively steady rate of appearance.

Table 2: Frame change over time

	1996	1997	1998	1999
Blame	41% (n=41)	34% (n=22)	39% (n=30)	44% (n=7)
Fear	42% (n=42)	38% (n=24)	34% (n=26)	25% (n=4)
Dichotomy	21% (n=21)	25% (n=16)	23% (n=18)	19% (n=3)
Entertainment	12% (n=12)	8% (n=5)	9% (n=7)	13% (n=2)
Credibility	19% (n=19)	11% (n=7)	14% (n=11)	6% (n=1)
Intent	12% (n=12)	5% (n=3)	4% (n=3)	0% (n=0)
War/Peace	19% (n=19)	13% (n=8)	16% (n=12)	13% (n=2)
Freedom	27% (n=27)	22% (n=14)	30% (n=23)	31% (n=5)

Most of the 257 items in the sample had an in-state focus, (81%, n=209). An in-state focus was more common than an out-of-state focus in 1998 (86%, n=65; N=76); 82% of

1996 items (n=81; N=99), 81% of 1999 items (n=13; N=16), and 78% of 1997 items had an in-state focus (n=50; N=64). (See Table 3.) There were no significant differences by year. Sixty-five percent of items focused on Kevorkian (n=166; N=255). When the focus on Kevorkian was crossed by year, a majority of items in every year except 1998 focused on Kevorkian. This difference by year was significant ($X^2=19.93$, d.f.=3, $p<.001$). The Kevorkian focus was more common in 1996 (80%, n=79; N=99), than in 1999 (75%, n=12; N=16), 1997 (58%, n=37; N=64), and in 1998 (49%, n=38; N=77). (See Table 3.)

Table 3. Primary focus of items by year

Year	<i>In-state focus</i> (n=209; N=255)	<i>Kevorkian focus</i> (n=166; N=256)
1996	81	79
1997	50	37
1998	65	38
1999	13	12

Items were approached generally from one of the following five angles: legal, economic, political, medical, and ethical/moral. The legal approach was used commonly to set up the story when a trial, arrest, or death occurred. Stories that focused on the Michigan Legislature's attempts to pass legislation that would stop Kevorkian's activities as well as those that focused on the process and product of getting the Merian's Friends proposal on the November 1998 ballot used primarily a political approach. The medical approach was not common, but it was used often in combination with the legal approach or ethical/moral approach to further explicate the medical condition and prognosis of the individuals who died. The ethical/moral approach was the most complex and often

included arguments based on personal autonomy or self-determination as well as religious or other moral arguments.

Most of the items employed a legal approach either primarily (54%, $n=138$; $N=257$) or secondarily (14%, $n=35$; $N=257$). A political approach was second most common, with 17% ($n=44$) using it as a primary approach and another 6% ($n=16$) using it as a secondary approach. A medical approach was third most common, with 13% ($n=33$) using it as a primary approach and another 10% ($n=26$) using it as a secondary approach. Five percent of stories used a religious approach either primarily ($n=12$) or secondarily ($n=13$). Other important secondary approaches were autonomy (7%, $n=18$), ethical/moral (7%, $n=17$), and economic (5%, $n=13$). (See Table 4.)

Table 4. Primary and secondary approach of items ($N=257$)

<i>Approach</i>	<i>Primary</i>		<i>Secondary</i>	
Legal	54%	($n=138$)	14%	($n=35$)
Political	17%	($n=44$)	6%	($n=16$)
Medical	13%	($n=33$)	10%	($n=26$)
Religious	5%	($n=12$)	5%	($n=13$)
Autonomy	3%	($n=7$)	7%	($n=18$)
Ethical/Moral	3%	($n=7$)	7%	($n=17$)
Rights	1%	($n=2$)	4%	($n=9$)

When year was crossed with the primary approach to the story, significant differences were found ($X^2=58.4$, $d.f.=27$, $p<.001$). Of the 138 items that primarily used a legal approach, the legal approach was more common in 1996 (46%, $n=64$), compared with 24% in 1997 ($n=33$), 23% in 1998 ($n=32$), and 7% in 1999 ($n=9$). Of the 44 items

that primarily used a political approach, the political approach was more common in 1998 (59%, n=26), compared with 27% in 1997 (n=12) and 14% in 1996 (n=6). There was no political approach in 1999. The medical approach, used as a primary approach in 33 items, was more common in 1996 (42%, n=14), compared with 30% in 1998 (n=10), 24% in 1997 (n=8), and 3% in 1999 (n=1). Of the 12 items that used a primarily religious approach, the religious approach was more common in 1996 (58%, n=7), compared with 1997 and 1999, tied at 17% each (n=2 each), and 1998 (8%, n=1). The ethical/moral approach, used as a primary approach in only 7 items, was more common in 1996 (43%, n=3), compared with 29% in 1998 (n=2), and 14% in both 1997 and 1999 (n=1 each). (See Table 5.)

Table 5. Primary approach of items by year (N=255)

Approach	1996 (n=98)	1997 (n=64)	1998 (n=77)	1999 (n=16)
Legal (n=138)	46% (n=64) ^a 65% ^b	24% (n=33) 52%	23% (n=32) 42%	7% (n=9) 56%
Political (n=44)	14% (n=6) 6%	27% (n=12) 19%	59% (n=26) 34%	0% (n=0) 0%
Medical (n=33)	42% (n=14) 14%	24% (n=8) 13%	30% (n=10) 13%	3% (n=1) 6%
Religious (n=12)	58% (n=7) 7%	17% (n=2) 3%	8% (n=1) 1%	17% (n=2) 13%
Autonomy (n=7)	14% (n=1) 1%	57% (n=4) 6%	29% (n=2) 3%	0% (n=0) 0%
Ethical/Moral (n=7)	43% (n=3) 3%	14% (n=1) 2%	29% (n=2) 3%	14% (n=1) 6%

^a Refers to percentage within category of story approach

^b Refers to percentage within category of year

News coverage was more common in 1996. Of the 174 total news items, 47% appeared in 1996 (n=81), followed by 1998 (29%, n=50), 1997 (21%, n=36), and 1999 (4%, n=7). Of the 18 total feature items, 44% appeared in 1997 (n=8), followed by 22% in 1999 (n=4), and 17% each in 1996 and 1998 (n=3 each). Opinion items were more common in 1998. Of the 44 opinion items, 46% appeared in 1998 (n=20), followed by 1997 (36%, n=16), 1996 (14%, n=6), and 1999 (5%, n=2). These differences in type of coverage by year were significant ($X^2=40.84$, d.f.=15, $p<.001$). (See Table 6.)

Table 6. Types of items by year (N=256)

Type of Item	1996 (n=99)	1997 (n=64)	1998 (n=77)	1999 (n=16)
News (n=174)	47% (n=81) ^a 82% ^b	21% (n=36) 56%	29% (n=50) 65%	4% (n=7) 44%
Opinion (n=44)	14% (n=6) 6%	36% (n=16) 25%	46% (n=20) 26%	5% (n=2) 13%
Feature (n=18)	17% (n=3) 3%	44% (n=8) 13%	17% (n=3) 4%	22% (n=4) 25%
News-Feature (n=12)	42% (n=5) 5%	33% (n=4) 6%	8% (n=1) 1%	17% (n=2) 13%
Regular	43% (n=3)	0% (n=0)	43% (n=3)	14% (n=1)
Column (n=7)	3%	0%	4%	7%

^a Refers to percentage within category of type of item

^b Refers to percentage within category of year

RQ5: What Kinds of Differences in Framing Exist Among the Four Michigan Newspapers?

When newspaper was crossed by the geographic focus, more *Detroit News* items than other newspaper items had an in-state focus. Of the 207 items with an in-state focus, 30%

of items in the *Detroit News* had an in-state focus ($n=61$), compared with 28% of *Detroit Free Press* items ($n=57$), 26% of *Grand Rapids Press* items ($n=53$), and 17% of *Lansing State Journal* items ($n=36$). The *Grand Rapids Press* included more items with an out-of-state focus than the other newspapers (45%, $n=21$), compared to 28% in the *Detroit Free Press* ($n=13$), 17% in the *Detroit News* ($n=8$), and 11% in the *Lansing State Journal* ($n=5$). The difference was significant ($X^2=8.05$, $d.f.=3$, $p=.0449$). (See Table 7.)

Table 7. In-state focus by newspaper (N=254)

Newspaper	In-state focus (n=207)		Out-of-state focus (n=47)	
Detroit Free Press (n=70)	81%	(n=57) ^a	19%	(n=13)
	28% ^b		28%	
Detroit News (n=69)	88%	(n=61)	12%	(n=8)
	30%		17%	
Grand Rapids Press (n=74)	72%	(n=53)	28%	(n=21)
	26%		45%	
Lansing State Journal (n=41)	88%	(n=36)	12%	(n=5)
	17%		11%	

^a Refers to percentage within category of newspaper

^b Refers to percentage across all newspapers

Thirty percent of items in this sample ($n=77$, $N=257$) were located on the first page of the section, and most items were located in the first (47%, $n=120$; $N=257$) or second section (31%, $n=80$) of the paper.

When newspaper was crossed by Kevorkian focus, the *Detroit Free Press* focused more on Kevorkian than the other newspapers (73% versus 70% for the *Detroit News*, 61% for the *Lansing State Journal*, and 53% for the *Grand Rapids Press*); this difference approaches statistical significance ($X^2=7.19$, $d.f.=3$, $p=.066$).

When newspaper was crossed by type of item, significant differences were found ($\chi^2=38.18$, d.f.=15, $p<.001$). (See Table 8.) News items were more commonly found in the *Grand Rapids Press* (33%, $n=57$; $N=173$), compared with 27% in the *Detroit Free Press* ($n=47$), 21% in the *Detroit News* ($n=37$), and 19% in the *Lansing State Journal* ($n=32$). Feature items were more common in the *Detroit News* (55%, $n=10$; $N=18$), compared with 33% in the *Grand Rapids Press* ($n=6$), and 6% in each of the *Detroit Free Press* and *Lansing State Journal* ($n=1$ each). Opinion items were more common in the *Detroit News* as well (41%, $n=18$; $N=44$), compared with 34% in the *Detroit Free Press* ($n=15$), 16% in the *Lansing State Journal* ($n=7$), and 9% in the *Grand Rapids Press* ($n=4$). The *Detroit Free Press* and *Grand Rapids Press* each had half of the news-feature items ($n=6$ each; $N=12$); and the *Detroit News* had the majority of regular columns (57%, $n=4$; $N=7$), compared with 14% in each of the other newspapers ($n=1$ each).

Characterization

Although analysis of characterization was not one of the original research objectives, characterization emerged from the analysis as an obvious piece of the framing puzzle. It is likely that the ways in which the various principals in this drama are portrayed affects public opinion about the topic of physician-assisted suicide. The primary characters in the drama of physician-assisted suicide included Jack Kevorkian; his attorneys, Geoffrey Fieger and Michael Schwartz; the various prosecutors, Richard Thompson, David Gorcyca, and Raymond Voet; other supporters of physician-assisted suicide, such as Ed Pierce, leader of Merian's Friends; and the many people whose lives ended with Kevorkian's assistance.

Table 8. Type of item by newspaper (N=255)

Type of Item	<i>Detroit Free Press</i> (n=70)	<i>Detroit News</i> (n=69)	<i>Grand Rapids Press</i> (n=75)	<i>Lansing State Journal</i> (n=41)
News (n=173)	27% (n=47) ^a 67% ^b	21% (n=37) 54%	33% (n=57) 76%	19% (n=32) 78%
Opinion (n=44)	34% (n=15) 21%	41% (n=18) 26%	9% (n=4) 5%	16% (n=7) 17%
Feature (n=18)	7% (n=1) 1%	56% (n=10) 15%	33% (n=6) 8%	6% (n=1) 2%
News-Feature (n=12)	50% (n=6) 9%	0% (n=0) 0%	50% (n=6) 8%	0% (n=0) 0%
Regular Column (n=7)	14% (n=1) 1%	57% (n=4) 6%	14% (n=1) 1%	14% (n=1) 2%

^a Refers to percentage within category of type of item

^b Refers to percentage within category of newspaper

Dr. Death: Jack Kevorkian

Jack Kevorkian, a retired pathologist with a suspended medical license, has been described as a courtroom martyr and relentless (DFP, 7/7/98). He's been called a promiscuous practitioner of assisted suicide (DN, 8/23/98), a maverick Michigan pathologist (GRP, 9/30/96), an assisted suicide advocate (DFP, 3/26/97), a philosopher (LSJ, 3/5/96), and a so-called suicide doctor (LSJ, 3/8/96). A columnist for the Grand Rapids Press who also had a disability said Kevorkian was a symptom of a larger problem who lurks around waiting for people who need to die. He termed Kevorkian "The Big Dripper," alluding perhaps to his frequent use of slow-dripping intravenous drugs to induce death.

Kevorkian often was legitimized through the use of specific words and phrases, even as the rest of the story may have attempted to delegitimize his activities. Despite the fact that his medical license had been revoked prior to 1996, which is the first year of the sample under consideration, Kevorkian almost unfailingly was referred to as a doctor. Early in almost every story he was identified as Dr. Jack Kevorkian, even if later the writer noted that he was a “retired pathologist” or a “defrocked pathologist” or that his medical license had been revoked. The people he assisted nearly always were referred to as patients, despite the fact that Kevorkian, as a practicing pathologist, rarely worked with living individuals. Many stories identified him as an “assisted suicide advocate,” despite the fact that an advocate is defined as someone who writes or speaks in favor of an issue, rather than acts to advance an issue. Despite the fact that Kevorkian consistently acted to advance the concepts of physician-assisted suicide and euthanasia, which would seem to cast him as an activist, he was referred to as an advocate. He had written several articles and books, but those were written in the past and were rarely referred to, except during trials, when prosecutors would excerpt portions to depict Kevorkian as a mad scientist, experimenting on living people who expressed a wish to die. These writings often were used to compare Kevorkian’s intent and actions as equivalent or akin to those of the Nazis during World War II.

Several items characterized Kevorkian as a dark, menacing, death-obsessed man whose fascination with death and dying was almost cartoonish. Loaded language (self-elimination, perverted, ghoulish disrespect) and visual imagery (Halloween mask,

freezing day) were used to maintain this characterization, as were allusions to such literary characters as Dr. Frankenstein.

Kevorkian has become a Halloween mask, but there are many who agree with him when he says—as he did in a statement put before a Michigan circuit court in 1990—that “the voluntary self-elimination of mortally diseased and crippled lives can only enhance the preservation of public health and welfare.” (DN, Sun, 7/28/96, N)

It seems to me Kevorkian has a perverted fascination with death, not a genuine desire to relieve pain and suffering. He does nothing but help people with disabling illnesses or injuries take quick exits. (GRP, Thurs, 3/19/98, O)

“There’s no observation of dignity of have the body of a woman dropped off at the morgue at 6 in the morning on a freezing day. It shows a ghoulish disrespect for the sanctity of human life,” said Oakland County Assistant Prosecutor Lawrence Bunting. (LSJ, Tues, 1/30/96, N)

Can a willful, premeditated killing not be a crime? When is a murder not a murder? That’s the riddle that Kevorkian’s lawyers and Oakland County prosecutors will have to puzzle their way through, each side hampered by the perverse genius of the defendant and his peculiar place in history. As the frequent target of talk-show humor, subject of national news reports and confounder of legal authorities, Jack Kevorkian has become entrenched in the American psyche. He’s our Dr. Frankenstein for the millennium. Metro Detroit’s resident mad scientist makes even the open-and-shut case look tricky. (DN, Tues, 3/16/99, N)

During his trial for the deaths of Merian Frederick and Ali Khalili, Kevorkian was characterized by the prosecuting attorney as a menace to society, hoping to experiment on people before they commit an assisted suicide. Other items also portrayed Kevorkian as a Dr. Mengele-style mad scientist, hoping to perform experiments on human beings.

During opening arguments, prosecutors called Kevorkian a sinister man who one day hopes candidates for assisted suicide will volunteer to be subjects in a wide range of experiments before they die. (DFP, Wed, 2/21/96, N)

Prosecutors on Monday sought to portray Dr. Jack Kevorkian as a mad scientist acting out the first step in a scheme to open suicide clinics and experiment on the patients before they die. (DFP, Tues, 3/5/96, N)

Skrzynski described Kevorkian as a man with a lifelong fascination with death, whose agenda is to gain public acceptance of assisted suicide as a prelude to legalized "obitoriums," where doctors could perform experiments on live patients before they choose to end their lives. "The defendant's plan is to create human guinea pigs," Skrzynski said. (LSJ, Fri, 3/8/96, N)

Jack Kevorkian was nicknamed Dr. Death early in his pathology career when he made night rounds at a hospital, peering with a lighted instrument into the eyes of dying patients to see if he could determine the precise moment of expiration. (DFP, Wed, 3/5/97, N)

He is called a predator and depicted as a danger to the public. Other language used to describe him includes serial killer. Examples that show his less-than-mainstream approach to medicine as well as his concern (or lack of concern) for the people who seek his help are provided below.

Kevorkian preys on depression. Persons who are severely depressed place little or no value on their own lives. Kevorkian is a retired pathologist who has carved the shells of our loved ones without much compassion. (LSJ, Sun, 9/13/98, O)

When Kevorkian persuaded Roosevelt Dawson, a 21-year-old quadriplegic, to check out of a Metropolitan Hospital and check out of life, people were aghast at Kevorkian's boldness. I just wondered who he would take next. (GRP, Thurs, 3/19/98, O)

Kevorkian also was depicted as a less-than-competent physician and man of dubious nature. The use of loaded language (bizarre, rubbish, executioner) helped to delegitimize Kevorkian and cast aspersions on his professionalism.

"You don't drop bodies off like they're nothing more than rubbish," said Lawrence Bunting, spokesman for the Oakland County Prosecutor's Office. "I wouldn't trust Kevorkian to kill my dog." (DFP, Tues, 1/30/96, N)

"The analogy that he himself chooses is the executioner; what does the executioner think when he's about to pull the switch?" said John Skrzynski, assistant Oakland County prosecutor. "He's carrying out a sentence that the patient has imposed on him or herself and the defendant thinks of himself as

executing the sentence. That's what he does—he pulls the switch.” (DFP, Fri, 3/8/96, N)

State Senator William Van Regenmorter, a vocal assisted-suicide opponent, expressed concern about Kevorkian's increasing inclination toward more blatant behavior.

“...I've been concerned for some time that Kevorkian was becoming more bold, more bizarre.” (DFP, Wed, 12/31/97, N)

In addition to loaded language, the use of quotation marks for non-speech served to delegitimize him and his professionalism. For example, the writer of one editorial included the use of the legitimizing title “doctor” at the same time as the writer placed the words “counseling” and “patient” in quotation marks, connoting to the reader that despite the title, Kevorkian was not a legitimate physician.

Oakland County Medical Examiner L.J. Dragovic said Kevorkian's “amateurish” surgery left the harvested organs useless and the body mutilated. (DN, Fri, 11/6/98, N)

The game of cat-and-mouse with the law—the raid on one of Dr. Kevorkian's “counseling” sessions, followed by the death of the “patient” involved the next day—doesn't serve anyone's interests. (DFP, Tues, 9/10/96, O)

These cases point up problems with assisted suicide: People who were misdiagnosed, who had suffered from depression or who may have had friends or family with a conflict of interest in their demise, have been “advised” or “assisted” by Jack Kevorkian. And they are now beyond help. (DN, Thurs, 7/3/97, O)

Other articles focused on Kevorkian's lack of respect or blatant disrespect for the law and public standards. Loaded language (flagrant disregard, fiery, taunted) was used to advance this characterization.

In Michigan, assisted-suicide doctor Jack Kevorkian has said the Supreme Court's ruling will make “not one damn bit of difference” in what he does.

That's all the more reason for Michigan legislators, led by Sen. William Van Regenmorter, R-Georgetown Township, to try again to fashion a workable ban on assisted suicide. The minimum goal should be to close the Kevorkian suicide mill and end his flagrant disregard for public law and standards. (GRP, Tues, 7/1/97, O)

But, for months before that, the fiery, retired pathologist openly taunted legislators to pass a law so he could challenge it. There are rumors Kevorkian has something big in the works to mark the September date, although Kevorkian has been cryptic about his plans. (DFP, 8/31/98, N)

Kevorkian attorney Michael Schwartz scoffed at the notion that his client politically times his patients' demise. "He has zero regard for the Michigan Legislature, so the fact that it passed some statute doesn't really have much importance to Dr. Kevorkian," he said. (DFP, 8/31/98, N)

In addition to his obvious disrespect for the law, Kevorkian also was portrayed as antagonistic toward law enforcement officials and state government.

"Dr. Kevorkian—if that's the appropriate term for him—is kind of losing it," said the Rev. Norman McKendrick, a Jesuit priest at the University of Detroit Mercy. "This is like, 'In your face, baby. We'll do what we want to do.'" (DN, Thurs, 7/11/96, N)

In an interview Sunday on *Dateline NBC*, Kevorkian remained defiant. "You could throw handcuffs on me. Throw me in jail. It doesn't mean anything. I'm doing what's right for humanity. That's why I can live with myself," he said. (DN, Mon, 8/26/96, N)

Last week, the Department of Consumer and Industry Service, a state agency that licenses physicians, ordered Kevorkian, 68, to stop helping people die or face criminal prosecution for practicing medicine without a license. Kevorkian, whose medical license was suspended in 1991, burned the document in defiance. (DFP, Thurs, 4/10/97, N)

Kevorkian also was portrayed as a man after publicity, not necessarily as concerned with the people he helped. Washington Post Writers Group columnist Ellen Goodman used loaded language (hit man, death deliveryman, publicity hound), imagery (bag of poison, Rosa Parks), and catchphrases (fool who had himself for a client) to create this portrait.

But what do the rest of us see when we look at Kevorkian? A medical "hit man" in the words of the prosecutor, with a bag of poison to do his job? A Rosa Parks or Martin Luther King, in Kevorkian's words, who put doctor-assisted death on the national agenda? Do we see the death deliveryman who sent Tom Youk to the hereafter with a chilling "Okey-doke"? The publicity hound who handed a videotape to "60 Minutes"? The martyr of the right to die? Or the "fool" who had himself as a client during this trial? (LSJ, Sat, 4/3/99, O)

Despite the focus of media and others on his negative characteristics, several of the people who sought Kevorkian's assistance in dying portrayed him as a good-hearted man whose motives were altruistic. The media's use of the legitimizing title "doctor" as well as other words such as "patients" and "retired pathologist" served to legitimize Kevorkian and portray him as a safe, harmless old man. Loaded language (crusade, fanatic, zealot) helped to flesh out his dedication to the cause of physician-assisted suicide. Even Kevorkian and his attorneys attempted to describe him as an honest, good, harmless man. Michael Schwartz, Fieger's law partner and one of Kevorkian's team of defense attorneys called him "scrupulously honest" (DFP, Thurs, 3/22/98, N)

But two days before she died, Rebecca Badger called Kevorkian "a man with a heart of gold who will help me." (GRP, Thurs, 7/11/96, N)

"If he's guilty of anything, he's guilty of being ahead of the times," Norm Cohen, 59, of Southfield, said Thursday. (GRP, Fri, 3/8/96, N)

Asked by Wallace if he was a zealot, Kevorkian says: "You try to take a liberty away, and I turn fanatic. That's what I'm fighting for. I may end up terribly suffering. It if helps everybody else, so be it. This could never be a crime in a society that deems itself enlightened." (DN, Fri, 11/20/98, N)

Kevorkian has long crusaded for making doctor-assisted suicide available to terminally or chronically ill people. He has been cleared of criminal wrongdoing in three trials involving five deaths. (GRP, Thurs, 8/22/96, N)

In Kevorkian, patients find someone who is not afraid of losing a medical license; his was revoked years ago. They find someone who is not afraid of

police or prosecutors or granting a dying person's wish. (DFP, Wed, 3/5/97, N)

...Kevorkian embraced the nickname "Dr. Death" and described himself as an accomplice in his patients' suicides. (DN, Thurs, 5/2/96, N)

Through the selective reporting of his actions and words, Kevorkian may have been portrayed by writers as less altruistic than the desperate people who sought his help may have thought. A *Detroit Free Press* article that ran in November 1996 portrayed a different side of Kevorkian than most articles. He was described as compassionate and careful, even as he relied upon his own judgment to assess candidates for assisted suicide. He even talked some people out of suicide. However, the writer concludes that Kevorkian's apparent caution ultimately appeared to be self-serving. Kevorkian took a lengthy period of time to decide upon the case of Helen Olson, an 83-year-old California woman who had had a stroke and had leukemia and heart problems; she died of natural causes before Kevorkian decided upon her request. And Thomas Heiss, an 88-year-old Wisconsin man who was not terminally ill, made repeated requests for Kevorkian's assistance. However, Kevorkian discouraged him from seeking assisted suicide, despite Heiss's repeated requests and mentions of the death of Janet Adkins, a woman in the early stages of Alzheimer's disease but not technically terminally ill.

"He [Kevorkian] said, 'I got into a pack of trouble with her.'" ... "He said, 'There are some things I cannot do. I cannot travel outside Michigan. I will not do anything until I see the medical records.'" (DFP, Mon, 11/25/96, N)

When traditional forms of prosecution failed because of technical loopholes dealing with intent, prosecutors turned to technicalities as the next tool to stop Kevorkian.

Allusions to such notorious figures as Al Capone and O.J. Simpson were used to advance

this aspect of Kevorkian's character.

"This could be a case like Al Capone," Modelski said. "You can't prove whether Capone was involved in all those murders, but you can get him for cheating on income tax." (DFP, Thurs, 5/16/96, N)

"Just because O.J. Simpson was acquitted doesn't mean they're going to change the murder statute in California," Thompson said. "Two acquittals by 24 (jurors in Oakland County) doesn't mean we change the law. ... That's 24 people out of 9 million" in Michigan. (GRP, Thurs, 5/16/96, N)

Opportunist Extraordinaire: Geoffrey Fieger

Geoffrey Fieger was characterized negatively in most items. Major themes of characterization for Fieger included his volatile nature, his bigoted behavior, and his desire to control his environment. Loaded language, including some he himself used, as well as images and allusions were used to depict the attorney.

[He is a] successful media-savvy lawyer retained by Kevorkian in 1990, has won three criminal acquittals for him and gained national fame; usually the spokesman after an assisted suicide, brash, outspoken. (DFP, Wed, 3/5/97, N)

Control freak Fieger told reporters:

"I'm very confident in Dave's [Gorosh, Kevorkian's final defense attorney from Fieger's firm] abilities, but the fact of the matter is, I make the decisions. It's not a question of a threat. I'm the boss, and I don't let second-year attorneys handle Dr. Jack Kevorkian's cases." (GRP, Thurs, 10/8/98, N)

He used controversial maneuvers to gain wins in the courtroom. Loaded language (conspiracy, exposed, hero, tactics, kibosh) in regard to the Ionia County assisted-suicide trial of Kevorkian served to express this characterization.

"I felt like Fieger was a hero of the people. He was exposing a conspiracy," said [Ionia County juror] Haug, who was "outraged" by [Ionia County Prosecutor Raymond] Voet after the attorney's opening statements. (GRP, Fri, 6/13/97, N)

"We tried to put a kibosh on most of Fieger's tactics, but he just kept going," [former Oakland County Prosecutor Michael] Modelski said, noting the prosecution had to contend with tricky legal maneuvering during the controversial opening statement. (GRP, Fri, 6/13/97, N)

Fieger also was depicted as a volatile, easily riled man. He used his volatility as a courtroom tactic as well as with reporters. The image of gas-fueled flash fires was used to depict Fieger's behavior in the Ionia courthouse. And loaded words such as berated and shouted were used to portray Fieger's interaction with media representatives who questioned him after Kevorkian's image-laden testimony in the Frederick-Khalili trial.

"If he [Fieger] is able to just walk into a courtroom and start throwing around gas and lighting a match—there's no way I'll get a fair trial," the prosecutor said. (LSJ, Fri, 6/13/97, N)

Defense attorney Geoffrey Fieger, seeking to dispel the image Kevorkian's analogy had created, quickly asked if Kevorkian feels he is an executioner. "Not at all," he said. Leaving court for the day, Fieger berated a reporter who asked about the analogy. "He didn't draw an analogy, and don't you dare say it," Fieger shouted. (LSJ, Tues, 3/5/96, N)

Fieger also drew upon his college drama training in his courtroom performances:

Throughout the trial, Fieger has raised his voice to emphasize a point or shout an objection. Judge Jessica Cooper often had to admonish him to lower his voice. On Thursday, the courtroom was more like a library for Fieger's closing arguments. He toned down his booming—and sometimes cracking—voice to draw jurors in. (DFP, Fri, 3/8/96, N)

Defense attorney Geoffrey Fieger made several references to the arts, history, and religion during closing arguments. Among them were the movie "To Kill a Mockingbird," the play "Inherit the Wind," about the Scopes-Monkey trial, Gen. Dwight Eisenhower and the Normandy invasion, the segregated South, and the biblical story of Christians in a lion's den. He also read part of a poem. (DFP, Fri, 3/8/96, N)

Media portrayals of Fieger revealed his disdain for religion, religious people, and human beings in general as well as revealed him as a bigot. Irony and loaded language

were used to paint the portrait of Fieger as intolerant. Fieger was depicted several times expressing disdain for organized religion and religious leaders. He referred to them often with loaded words such as nuts and fanatics.

Fieger criticized Maida during a news conference Wednesday in Detroit. "He has no right to make his religion our law," said Fieger, who later joked that part of the reason Kevorkian decided to get a permit to carry a concealed weapon "was to protect himself from nuts like Cardinal Maida." (DN, Thurs, 7/11/96, N)

It seems clear, however, that Mr. Fieger's animus against religion—not to mention his fellow man—runs strong and deep (DN, Sun, 9/20/98, O)

"...Jesus is just some goofball that got nailed to the cross." (DN, Sun, 9/20/98, O)

In an editorial titled "Fieger: Still a Bigot," the *Detroit News* included the following two paragraphs:

Mr. Fieger has burnished his notoriety in the recent past by observing that Jack Kevorkian needs a gun permit to protect himself from "nuts like Maida." When the Council of Orthodox Rabbis of Detroit called assisted suicide murder, Mr. Fieger instructed the rabbis that "they are closer to Nazis than they think they are," compared them with "right-wing Christian nuts" and added, "if you're a religious nut, you're a religious nut."

A kinder, gentler Mr. Fieger, no doubt coached by his recently purchased team of high-powered political handlers, protests that he has "great respect" for the cardinal and doesn't dispute his right to "teach or preach" his church's doctrine. (DN, Sun, 8/23/98, O)

Yet, like any aspiring politician, Fieger was painted as savvy about knowing when to backpedal to minimize the impact of hasty or inflammatory words.

Just as Bill Clinton is carefully parsing his words about his alleged sexual encounter with Monica Lewinsky, trial lawyer/gubernatorial candidate Geoffrey Fieger is trying to minimize the damage from various statements he has made in the past about religious leaders and organized religion. He says reports of his comments are either lies or taken out of context. He also

apologized for any “pain or offense that may have been caused.” (DN, Sun, 9/20/98, O)

In a *Detroit News* editorial that resurrected a two-year-old *Washington Post* interview, Fieger was quoted as responding to one of Kevorkian’s comments that was published in *George* magazine. Kevorkian had said that nature may have created human beings as “pestilence to destroy the world.” Fieger said he liked that comment and expanded upon it:

“We’re just the f.ing bubonic plague with legs, man. Because we sure do a good job of it. I’ll tell you, you couldn’t develop a virus that kills as many people as we do and destroys as many things as we do. We’re just a pestilence with appendages.” (DN, Sun, 9/20/98, O)

Prosecutor or Persecutor: Richard Thompson

The former Oakland County prosecutor was forced out of office for pursuing cases against Kevorkian, to the taxpayers’ dismay (and depleted pocketbooks). It was said that he put Kevorkian on trial as if it were a personal conflict rather than a legal one. He was portrayed as vindictive and determined to “get” Kevorkian. He also, like Fieger, was depicted as a control freak. Allusions and loaded language (witches, heretics, fanaticism) were used most often as characterization and framing devices.

“I pity the poor fellow [Richard Thompson],” Kevorkian said. “I don’t know what drove him. Fanaticism and religion, pressure from the Right to Life, maybe a combination.” (DFP, Wed, 8/14/96, N)

In one *Detroit News* column, writer Nickie McWhirter characterized Thompson and the Oakland County prosecutor’s office’s continued pursuit of Kevorkian on antiquated laws and archaic standards of ethics and morals:

It's not the 12th or 13th century anymore, but Thompson & Co. seem unaware, still riding hard in search of witches and warlocks, unbelievers and heretics. (DN, Tues, 3/12/96, O)

Thompson's pursuit of Kevorkian was cited by writers as one of the reasons David Gorcyca was elected to the office of Oakland County Prosecutor in 1997.

Thompson, who said recently he knew the Kevorkian trials might cost him the election, was equally strong but less likable and more distant. Rigid, principled and militaristic, Thompson ruled the office like a dictator for eight years, becoming more isolated and, ultimately, letting Kevorkian get his goat. Although his Draconian ways helped Gorcyca get elected, he was still unquestionably capable and in charge. (DFP, Tues, 3/16/99, N)

Though no one interviewed for this story questions the principle and honesty of Richard Thompson, very few praise his management style. Under his tenure, attorneys had little discretion, cases were micromanaged by Thompson or his senior assistants, and God forbid if you lost a case. (DFP, Tues, 3/16/99, N)

Homicide: Death by Kevorkian: L.J. Dragovic

Ljubisa Dragovic was depicted as an eccentric, opinionated, hardworking, mostly respected physician and medical examiner. He consistently ruled deaths by Kevorkian to be homicide, railing against the media's and the Kevorkian team's persistent labeling of deaths as suicides. Imagery and strong language were used to create and maintain this portrayal.

He has feuded with Geoffrey Fieger, declared sudden infant death syndrome "a wastebasket for unexplained deaths" and began wearing his trademark bow ties after his long ties flopped into human tissue samples once too often. (DFP, Mon, 3/22/99, N)

Now he works out by jabbing and kicking a punching bag in his basement, insisting he doesn't envision his critics—which are many—while he's landing blows. (DFP, Mon, 3/22/99, N)

Catchphrases (patience of a saint) and loaded words (godsend, minutia) were used to portray Dragovic as a careful, detailed, deliberate worker.

But working within his cramped quarters, Dragovic has earned the respect of many, including investigators. "He's a godsend," said Oakland County Sheriff's Sgt. Bill Harvey, who handles homicides and relies on Dragovic's findings to put together his oft-bloody puzzles. "He has the patience of a saint and will stop in the middle of an autopsy to explain in minutia what's going on." (DFP, Mon, 3/22/99, N)

Judith Curren, 42, a registered nurse, died in Kevorkian's presence last Thursday. Her doctors said she had chronic fatigue syndrome, autoimmune disorder and infections similar to those in AIDS patients. But Dragovic said none of her conditions were fatal, and her fatigue was likely caused by her obesity. Dragovic said he doesn't plan to classify Curren's death until lab tests are completed next week. (DFP, Thurs, 8/22/96, N)

News accounts suggested that even Geoffrey Fieger, Kevorkian's lead defense attorney, had some respect for Dragovic, even if he doesn't always agree with Dragovic's rulings.

Throughout the 1990s, he has consistently categorized Jack Kevorkian's assisted suicides as murders, provoking loud public clashes with Fieger, Kevorkian's former attorney. ... Despite the bickering, Fieger occasionally calls Dragovic as a witness in other cases. "He and I disagree on the philosophy of assisted suicide," Fieger said. "But I have the utmost respect for him. He is honest and straightforward." (DFP, Mon, 3/22/99, N)

The media also suggested that Derek Humphry, founder of Hemlock Society USA, may not have had a great deal of respect for Dragovic overall, but he did recognize the man's medical expertise.

Derek Humphry, founder of the Hemlock Society: Not that I have a lot of scope for [Oakland County Medical Examiner] Dr. Dragovic, but I don't think he is a dishonest man. He said the brain [of Rebecca Badger, Kevorkian's 33rd assisted death] showed no sign of MS; I've consulted other doctors, and they say when you look at the brain, you can tell whether [the deceased] had MS or not. Dragovic said, "Everybody, come look for yourself." (DN, Sun, 3/30/97, O)

Dr. “Killdare”: Edward Pierce

The head and founder of Merian’s Friends is portrayed as a kind and gentle retired physician who is trustworthy and does what he believes is right. He was quoted often by writers as he performed his role as founder and director of Merian’s Friends, the grassroots political action group that he formed in order to place a proposal to legalize physician-assisted suicide on the November 1998 Michigan ballot. Imagery is used to depict his good qualities.

Since the couple retired in August, Edward Pierce has devoted himself to legalizing physician-assisted suicide. ... “I would prefer for the Supreme Court to take it up next week, say medical assistance is legal and I can go back to the golf course,” said Pierce, 66, a former physician and politician. (DFP, Wed, 6/19/96, N)

Dr. Edward Pierce spent much of his career helping patients live out their lives. Now, the gray-haired family physician from Ann Arbor is promoting a petition drive to let doctors help the terminally ill. ...Pierce said he founded Merian’s Friends after watching his friend, Merian Frederick, suffer with Lou Gehrig’s disease. Frederick enlisted the help of Kevorkian in 1993; Kevorkian later was tried and acquitted in connection with her death. Pierce said he has never met Kevorkian and doesn’t support his tactics. “I knew and liked Merian Frederick,” he said. “I regret that the only alternative she could come up with was to end her days in Dr. Kevorkian’s threadbare apartment in Royal Oak.” (GRP, Sat, 5/3/97, N)

News coverage suggested that Pierce and other representatives of Merian’s Friends attempted to distance themselves from Kevorkian on the continuum of physician-assisted suicide supporters.

“We are trying to make sure voters understand we are not aligned in any way with Dr. Kevorkian. More than half the cases Kevorkian has been involved in would not meet our criteria.” (LSJ, Mon, 10/5/98, N)

Merian’s Friends was characterized with loaded language, including “gauzy,” “unclear,” “gassy,” and “cloud the nature.” Imagery (wrap the reality) also was used.

But it is worth noting that the ballot issue's supporters, a group called Merian's Friends, didn't want to be all that clear about precisely what it is the organization is proposing.... In other words, Merian's Friends wanted to wrap the reality of what it is proposing in gauzy, unclear language. ... Merian's Friends...sought to cloud the nature of its proposal in gassy euphemisms like "hasten death" instead of using short, precise words like "suicide." Usually, when people in politics don't want to use plain English to describe what they are doing, they either want to hide its full implications or they have a bad conscience. (DN, Fri, 8/28/98, O)

The Huddled Masses: People Who Died with Kevorkian's Help

Many times the people who sought Kevorkian's help in dying were dehumanized even as their individual stories were used to highlight the issues underlying the physician-assisted suicide debate. They often were referred to as "the terminally ill," or "a Lou Gehrig's disease sufferer," rather than by name. For example, Roosevelt Dawson, a 21-year-old man who died with Kevorkian's help shortly after leaving the hospital, was described by his gender, his age, his race, and his disability status before he was identified by name. This lack of focus on the person and more on characteristics of the person is a common tactic used in writing a blind lead, where the identification is reserved for the second paragraph of a story when the protagonist is not well known. However, the tactic was not used to create a blind lead in this case. In this case, the tactic was used well into the middle of the item, when the notion of a blind lead makes little sense.

Granted, choosing life in the face of death can challenge even the most valiant, faith-filled souls. We can all understand why a black, 21-year-old quadriplegic from Southfield took his life with the "help" of Kevorkian. (DN, Wed, 4/15/98, O)

Kevorkian himself was quoted as using depersonalizing and dehumanizing language to refer to the people whom he had helped die by referring to them as cases.

“After 99 cases, I can’t recall each specific case.” (LSJ, Thurs, 3/12/98, N)

More than 120 people died with Kevorkian’s help. They sought freedom from pain and wished to exercise control over their lives and deaths. Their depictions were characterized by the use of images and loaded language. Often the portrait included a juxtaposition of the person in health and in sickness.

In a Santa Cruz *Sentinel* newspaper article last November, Johnson recalled the incident and told a reporter how after the crash he tried to get up but only his shoulders would move. Once capable of squatting with 600 pounds in weightlifting competition, Johnson could no longer feed himself. “This is hell; you have nothing but time to think about things here,” he told the *Sentinel*, adding that the worst part of the crash was that he didn’t die. (DN, Sun, 5/10/98, N)

In March 1997, two *Detroit Free Press* articles that were part of the “Suicide Machine” series offered portraits of several of the people who sought Kevorkian’s assistance in death. Juxtapositions of health and disability as well as specific and indirect references to quality of life depicted these individuals and their reasons for choosing assisted suicide.

Shirley Cline, a 63-year-old cancer patient from Oceanside, Calif., was always in control, through two failed marriages and a series of feuds with family members. She was bossy with waiters and sent back food that wasn’t prepared to her liking. An active woman who loved to dance, she battled colon cancer until doctors performed an ileostomy—attaching a pouch to her side to collect bodily waste. Then she contacted Kevorkian. (DFP, Wed, 3/5/97, N)

By 1985, [70-year-old Hugh] Gale was on disability, unable to carry anything or climb stairs without gasping. Five years later, he was house-bound, tethered to an oxygen tank, and pining for the things he had loved—travel, painting and manicuring his perfect lawn. (DFP, Wed, 3/5/97, N)

A former Michigan State University wrestler who nearly qualified for the 1932 Olympic team, Ball was an avid outdoorsman who skied until he was 80 and glaucoma stole his eyesight. Even after that, he continued to live alone,

take clarinet lessons and, until his eyesight failed completely, walk the mile from his house into Leland for coffee. ... "He believed in the rightness of assisted suicide," Brown (his daughter) said. "He wanted to maintain the integrity of his own life." (DFP, Wed, 3/5/97, N)

Elaine Goldbaum, a divorced 47-year-old immobilized by multiple sclerosis, died Feb. 8. She had been dispirited since her teenage daughter had been forced to give up caring for her. Alone, Goldbaum had been repeatedly victimized by hired caretakers. One stole her personal papers and another took her credit cards, burdening the dying woman with \$20,000 to \$30,000 in bogus charges, according to a relative. (DFP, Wed, 3/5/97, N)

However, not all of the people who sought Kevorkian's assistance were terminally or chronically ill. In particular, one woman did not have any distinguishing illness; she simply was elderly.

Martha Wichorek, 82, was the first Kevorkian patient who had no overriding cause of pain or suffering. She complained of health problems standard for anyone of her age and readily treatable. (DFP, Wed, 12/31/97, N)

On occasion, the people who sought Kevorkian's assistance were depicted as approaching their deaths with apparently open eyes.

In fact, patients seem to expect to be used by Kevorkian—just as they use him to get what they want. "It was a trade-off," said the ex-husband of Elaine Goldbaum. (DFP, Wed, 3/5/97, N)

"I think that if Merian [Frederick] could have found ... a way to live longer without the fear of not being given what she wanted—release from her suffering—when she wanted it, she would have chosen that," [a friend of Merian Frederick's, the Rev. Ken] Phifer says. "But, given that those were options closed to her, she chose this.... Because she was living the truth of the need to have this available for all people." (DFP, Wed, 3/5/97, N)

One editorial drew a picture of the ideal person to seek assistance in dying. Ostensibly, each of the people Kevorkian had helped would have fit this profile; however, in reality, not all of them did.

Those who would qualify for assistance, after all, are patients in the last few moments of life, adult patients fully cognizant of what they have, what they are leaving and what is otherwise in store for them. They are fully capable of making deliberate, intelligent decisions about themselves, decisions based on their values, their futures and their suffering. (DFP, Thurs, 10/1/98, O)

Another tactic used by writers as they depicted the individuals who sought Kevorkian's help in dying was to use non-inclusive language. The Associated Press stylebook, a veritable Bible for working journalists, urges writers to avoid stereotypes and terms such as confined to a wheelchair or handicap. However, several examples of non-inclusive language were found in this sample of stories, including the following:

Henslee, a 48-year-old former computer engineer from Beloit, Wis., came to Michigan to end a life with multiple sclerosis that had left her confined to a wheelchair, Kevorkian's attorney, Geoffrey Fieger, said during a news conference. (DFP, Tues, 1/30/96, N)

RQ7: How Are People with Disabilities Framed?

Societal prejudices are mentioned as being a tactic Fieger used in his defense of Kevorkian. A quote by the pope described the American cultural belief that people with disabilities are "unuseful." Additionally, people seeking Kevorkian's help were portrayed as incapacitated with no quality of life.

Michael Martin is conscious. But he can't swallow or eat. He is fed through a tube that directly enters his stomach. He is partially paralyzed. He doesn't speak, he doesn't walk. He can't provide for even his simplest needs. (GRP, Wed, 2/21/96, N)

Hamilton had a progressive neurological disease called syringomyelia, Fieger said. She died of carbon monoxide poisoning. "It's a terrible, terrible disease that destroys the spinal cord," Fieger said. "It's one of the most painful diseases." (LSJ, Sat, 6/22/96, N)

Carol Poenisch, [Merian] Frederick's daughter, remembers watching her 72-year-old mother waste away from Lou Gehrig's disease, a prisoner in her own body. (LSJ, Fri, 3/14/97, N)

A Ninth Circuit Court of Appeals ruling that found a constitutional right to assisted suicide was quoted by a *Detroit Free Press* writer writing the first story in a series about the battle to legalize assisted suicide. The loaded language in the selection the writer quoted depicted the disabling conditions experienced by people at the end of life as “childlike” and degraded from adulthood.

Borrowing arguments from Supreme Court abortion rulings, the judges found that “a competent, terminally ill adult ... has a strong liberty interest in choosing a dignified and humane death rather than being reduced at the end of his existence to a childlike state of helplessness, diapered, sedated, incompetent.” (DFP, Wed, 6/19/96, O)

The people who sought Kevorkian’s help were depicted as fearing disabilities more than they feared death, which they reportedly thought would free them from suffering and pain.

Gerald Klooster Sr.’s wife says the retired California doctor so feared losing his mind and dignity to Alzheimer’s disease that he talked with assisted-suicide advocate Dr. Jack Kevorkian. (DFP, Thurs, 1/11/96, N)

Khalili’s cancer had spread to his backbone and “his spine was being eaten away and collapsing,” Fieger said, adding Khalili’s greatest fear was becoming a quadriplegic. (DFP, Wed, 2/2/96, N)

An assisted suicide law that affects only the competent ill does not begin to address the deepest of our terrors—to be left so demented or so disabled that we can’t ask to be released.” (GRP, Wed, 11/12/97, O)

A lot of times people with disabling conditions, such as Lou Gehrig’s disease, were depicted as terminally ill rather than chronically ill. For example, Thomas Youk was described as a former racecar driver and mechanic who could contribute no longer to the family income and who had, instead, become a burden. Becoming a burden was one of the ways people with disabilities and terminal illnesses were characterized.

After pain, becoming a burden on one's family is the second biggest concern of a terminally ill person, he [Dr. David Stevens, executive director of the Christian Medical and Dental Society] said. (GRP, Tues, 9/29/98, N)

If someone's situation causes their children to lose their mortgage to provide long-term care," a terminally ill person may view suicide as a way to ease the burden, Forlini said. (LSJ, Tues, 7/7/98, N)

Non-inclusive language was used to describe these individuals and their disabilities, including wheelchair bound, confined to a wheelchair, and crippled.

The 27th person Dr. Jack Kevorkian helps (sic) to die was a paraplegic crippled by multiple sclerosis. (GRP, Tues, 1/30/96, N)

RQ8: Does Michigan Newspaper Coverage of Physician-Assisted Suicide and/or Euthanasia Emphasize Events More Than Issues?

Event-based coverage can be estimated by examining the percentage of items that were news-based as well as those that look at the type of approach as seen in the lead. Sixty-eight percent of the items were news-based (n=175), while another 29% were opinion, feature, and news-feature items. Most of the news items were event-based, focusing on Kevorkian's trials. Fifty-four percent of the items took a primarily legal approach to the story (n=138), while another 30% took a political or medical approach. Few of these items dealt with issues; the focus again was more on events. The seven items that appeared in a series—only three percent of the 257 items analyzed—dealt more with the underlying issues of physician-assisted suicide.

Chi-square analysis of the primary approach of an item by the type of item was statistically significant ($X^2=166.66$, d.f.=45, $p<.001$). (See Table 9.) A legal approach was most common in news items (67%; n=118, N=175). The medical approach was second most common in news items (13%, n=23), followed by the political approach (12%,

n=21). A religious approach was slightly more common (3%, n=6) than an ethical, autonomy, or rights approach (1% each, n=1 each). However, in editorial items (N=44), the most common approach was political (41%, n=18). The legal approach was second most common in editorial items (25%, n=11), followed by medical and ethical approaches (11% each, n=5 each), and religious and autonomy approaches (5% each, n=2 each). In feature items (N=18), the medical approach was most common (22%, n=4), followed by legal and political approaches (17% each, n=3 each), religious and other approaches (11% each, n=2 each), and ethical and autonomy approaches (6% each, n=1 each). In news-feature items (N=11), the legal approach was most common (36%, n=4), followed by autonomy (27%, n=3), and medical, religious, and rights (9% each, n=1 each).

Table 9: Approach of item by type of item (N=256)

Item approach	News (n=175)	Opinion (n=44)	Feature (n=18)	News-Feature (n=11)
Legal	67%	25%	17%	36%
Political	12%	41%	17%	0%
Medical	13%	11%	22%	9%
Ethical/moral	1%	11%	6%	0%
Religious	3%	5%	11%	9%
Autonomy	1%	5%	6%	27%
Rights	1%	0%	0%	9%
Fear	0%	2%	6%	0%
Other	2%	0%	11%	9%

Source Analysis

Source issues were analyzed in the 257 items included in the sample. The use of credible sources can increase the importance audience members attach to a particular frame. Official sources—including governmental sources, medical sources, and other

professionals—are used more often, likely because of their perceived credibility. The use of credible sources that oppose physician-assisted suicide may influence audience members to attach more importance or credibility to the positions or arguments against physician-assisted suicide. The trivialization of sources that supported physician-assisted suicide, including Kevorkian and his attorneys, may persuade audience members that their arguments or positions are less credible and vice versa. In the ensuing source analysis, all numbers refer to the number of individuals directly quoted or paraphrased per item, not the number of direct quotes or paraphrases in each item.

RQ3: What Sources Are Relied Upon in Michigan Newspaper Stories About Physician-Assisted Suicide and/or Euthanasia? What Sources, If Any, Dominate Stories?

Stories about physician-assisted suicide or euthanasia primarily relied upon official sources, including doctors, prosecutors, hospital spokespersons, law enforcement officials, government officials, politicians, medical examiners, attorneys, professors, ethicists, and judges. Official sources outnumbered non-official sources (family, friends/neighbors, victims, and people with disabilities) by a ratio of nearly 6:1 in 1996, nearly 5:1 in 1997, and nearly 7:1 in 1998. Defense sources outnumbered prosecutorial sources 80 to 70 for paraphrases and 69 to 44 for direct quotations in 1996. The numbers were closer in 1997, with 34 defense paraphrases to 31 prosecutorial paraphrases and 23 defense quotes to 21 prosecutorial quotes. In 1998, the numbers of paraphrases were even at 28, but direct quotations by the defense outnumbered those by the prosecution at 29 to 19. The one source that dominated most of the coverage on this topic was Geoffrey Fieger. He was paraphrased and directly quoted more often in 1996 (51 and 49, respectively) than in the other two and a half years combined. Prosecutors ranked a close

second. They were paraphrased 40 times and directly quoted 30 times in 1996. (See Table 10.)

When sources are categorized into law-related, medical-related, family/friend, interest group, political, religious, and Kevorkian, there continues to appear a reliance on legal sources and Kevorkian, but medical, family/friend, and interest groups outweigh political and religious sources. In 1996, there were 150 law-related sources for paraphrases and 112 for direct quotes. In 1997, those numbers dropped to 69 and 55, respectively, and in 1998, they dropped even further to 49 for paraphrases and 47 for direct quotations. In 1996, Kevorkian was used 26 times for paraphrases and 16 times for direct quotations; in 1997, those numbers dropped to 5 and 2, respectively. His use as a source increased again in 1998, however, to 14 times for paraphrases and 11 times for direct quotations. Medical sources were used 19 and 12 times in 1996; 11 and 12 in 1997; and 15 and 10 in 1998. Family/friend sources were used 21 and 22 times in 1996, 15 and 18 times in 1997, and 8 and 10 times in 1998. Interest group sources were used 19 and 27 times in 1996, 18 and 18 times in 1997, and 26 and 25 times in 1998. Religious sources were used 8 and 9 times in 1996, 3 and 3 times in 1997, and 10 and 10 times in 1998. Political sources were used 6 and 3 times in 1996, 8 and 10 times in 1997, and 9 and 15 times in 1998. Overall, family/friend sources, religious sources, and interest group sources were used more frequently for direct quotations than for paraphrases. (See Table 10.)

Sources in favor of physician-assisted suicide, including Fieger, Schwartz, Kevorkian, Ed Pierce and Merian's Friends, and the Hemlock Society, were paraphrased

Table 10: Sources by year (Direct quotation first, then paraphrase)

Year	For PAS ^a		Against PAS ^a		Official ^c		Non-official ^d		Fieger		Kevorkian		Schwartz		Prosecutors	
	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P
1996	84	74	102	70	176	133	30	32	51	49	26	16	3	4	40	30
1997	46	32	47	39	95	85	20	22	19	12	5	2	10	9	16	12
1998	41	42	42	36	91	76	13	12	6	9	14	11	8	9	11	8

^a Fieger, Schwartz, Kevorkian, Merian's Friends/Ed Pierce, Hemlock Society^b Dragovic/medical examiner, Van Regenmortel/politician, judge/court, prosecutor, law enforcement, Maida/religious source, Hospice, Right to Life of Michigan, disability source^c doctor/nurse, prosecutor, law enforcement, lawyer, judge/court medical examiner/Dragovic, politicians, hospital spokespersons^d ethicist, professor, government official, Fieger, Schwartz^e family, friends/neighbor, victim, disability source

Table 10 (continued)

Year	Religious		Political		Law-related ^f		Medical ^g		Family/Friend ^h		Interest Group ^h		Law-Prosecution		Law-Defense		Law-Other	
	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P
1996	8	9	6	3	150	112	19	12	21	22	19	27	70	44	80	69	41	21
1997	3	3	8	10	69	55	11	12	15	18	18	18	31	21	34	23	13	18
1998	10	10	9	15	49	47	15	10	8	10	26	25	28	19	28	29	19	10

^e Dragovic/medical examiner, prosecutor, judge/court, lawyer, Fieger, Schwartz, law enforcement^f hospital spokesperson, doctor/nurse, Hospice^g family, friend/neighbor^h Maida/religious source, non-profit organization, Merian's Friends, Hemlock Society, disability source, Right to Life of Michigan

and directly quoted fewer times than were sources against physician-assisted suicide, including Dragovic, Van Regenmorter and other politicians, judges and courts, prosecutors, law enforcement officials, Maida, Right to Life of Michigan, people with disabilities, and hospice. Sources against physician-assisted suicide were used 102 times for paraphrases in 1996, compared to 84 sources for paraphrases favoring physician-assisted suicide. However, sources favoring physician-assisted suicide were directly quoted more often in 1996, with 74 sources compared with 70 sources against physician-assisted suicide. This pattern was repeated again in 1998, with 42 sources used for paraphrases against physician-assisted suicide and 41 sources supporting the issue. Forty-two supportive sources were used for direct quotes, however, compared with only 36 for opponents. In 1997, sources against physician-assisted suicide outnumbered sources favoring the practice for both paraphrases (47 to 46) and direct quotations (39 to 32), but the margin was not significant. (See Table 10.)

RQ4: How Does Sourcing for Michigan Newspaper Stories About Physician-Assisted Suicide Change Over Time?

Over time, the sources used in Michigan newspaper coverage of physician-assisted suicide changed. (See Table 10.) In terms of sources who were used for direct quotations, more sources against physician-assisted suicide—including medical examiners, politicians, judges and courts, prosecutors, law enforcement and government officials, religious leaders, disability sources, hospice sources, and sources from Right to Life of Michigan—were used in each year from 1996 to 1998. However, in 1996 and 1998, more sources in favor of physician-assisted suicide—including Fieger, Kevorkian, Schwartz, Merian's Friends, and Hemlock Society—were used for paraphrases.

In each year, official sources outweighed non-official sources, but each year the number of official and non-official sources decreased. However, the use of religious sources, political sources, medical sources, and interest group sources all increased for both direct quotations and paraphrases from 1996 to 1998, except paraphrased medical sources decreased from 1997 to 1998.

RQ6: What Kinds of Differences in Sourcing Exist Among the Four Michigan Newspapers?

Sources used across newspapers differed as well. (See Table 11.) The *Grand Rapids Press* used more official sources and sources in favor of physician-assisted suicide for direct quotations than the other three newspapers; however, it used fewer of those sources for paraphrases than the two Detroit newspapers (but more than the *Lansing State Journal*). The *Detroit Free Press* came in second behind the *Grand Rapids Press* in the use of official sources, and it led all the other papers in the use of sources favoring physician-assisted suicide and official sources for paraphrases. The *Detroit News* used more sources opposed to physician-assisted suicide than all the other newspapers for both direct quotations and paraphrases. It also relied more on medical sources, family and friends, and political sources than the other three newspapers. The *Detroit News* used more religious sources than the other three newspapers for both direct quotations and paraphrases.

When the average number of sources used per story was calculated, clearer differences among the newspapers emerged. (See Table 12.) All of the newspapers used a higher average number of sources per story against physician-assisted suicide than for it. The *Detroit News* used an average of 2.04 sources against physician-assisted suicide per

Table 11: Sources by newspaper (Direct quotation first, then paraphrase)

Newspaper	For PAS ^a		Against PAS ^a		Official ^c		Non-official ^d		Fieger		Kevorkian		Schwartz		Prosecutors	
	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P
DFP	51	54	65	58	113	110	21	25	28	29	12	10	7	10	27	23
DN	48	42	77	64	111	95	9	16	19	15	11	9	8	7	20	18
GRP	53	34	58	48	123	94	31	26	19	17	16	6	7	5	18	9
LSJ	30	26	34	26	62	47	6	8	11	11	9	6	2	2	11	9

^a Fieger, Schwartz, Kevorkian, Merian's Friends/Ed Pierce, Hemlock Society

^b Dragovic/medical examiner, Van Regenmorter/politician, judge/court, prosecutor, law enforcement, Maida/religious source,

Hospice, Right to Life of Michigan, disability source

^c doctor/nurse, prosecutor, law enforcement, lawyer, judge/court medical examiner/Dragovic, politicians, hospital spokespersons

^d ethicist, professor, government official, Fieger, Schwartz

^e family, friends/neighbor, victim, disability source

Table 11 (continued)

Newspaper	Religious		Political		Law-related ^e		Medical ^f		Family/Friend ^g		Interest Group ^h		Law-Prosecution		Law-Defense		Law-Other	
	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P	DQ	P
DFP	3	5	5	7	91	86	14	9	16	19	14	18	46	36	47	49	12	16
DN	10	11	6	10	90	68	9	9	6	12	23	29	39	31	38	31	25	20
GRP	5	3	8	10	81	51	21	16	22	20	19	18	37	25	42	28	34	22
LSJ	5	4	4	4	44	29	8	5	5	8	14	14	21	12	22	19	12	6

^e Dragovic/medical examiner, prosecutor, judge/court, lawyer, Fieger, Schwartz, law enforcement

^f hospital spokesperson, doctor/nurse, Hospice

^g family, friend/neighbor

^h Maida/religious source, non-profit organization, Merian's Friends, Hemlock Society, disability source, Right to Life of Michigan

Table 12: Average number of sources used per story by newspaper

Newspaper	For PAS ^a	Against PAS ^a	Official ^b	Non-official ^d	Fieger	Kevorkian	Schwartz	Prosecutors
DFP	1.50	1.76	3.19	.66	.81	.31	.24	.71
DN	1.30	2.04	2.99	.36	.49	.29	.22	.55
GRP	1.16	1.41	2.89	.76	.48	.29	.16	.36
LSJ	1.37	1.46	2.66	.34	.54	.37	.10	.49

^a Fieger, Schwartz, Kevorkian, Merian's Friends/Ed Pierce, Hemlock Society^b Dragovic/medical examiner, Van Regenmorter/politician, judge/court, prosecutor, law enforcement, Maida/religious source, Hospice, Right to Life of Michigan, disability source^c doctor/nurse, prosecutor, law enforcement, lawyer, judge/court medical examiner/Dragovic, politicians, hospital spokespersons^d ethicist, professor, government official, Fieger, Schwartz^e family, friends/neighbor, victim, disability source

Table 12 (continued)

Newspaper	Religious	Political	Law-related ^e	Medical ^f	Family/Friend ^g	Interest Group ^h	Law-Prosecution	Law-Defense	Law-Other
DFP	.11	.17	2.53	.33	.50	.46	1.17	1.37	.40
DN	.32	.23	2.29	.26	.26	.75	1.01	1.00	.65
GRP	.11	.24	1.76	.49	.56	.49	.83	.93	.75
LSJ	.22	.20	1.78	.32	.32	.68	.80	1.00	.44

^e Dragovic/medical examiner, prosecutor, judge/court, lawyer, Fieger, Schwartz, law enforcement^f hospital spokesperson, doctor/nurse, Hospice^g family, friend/neighbor^h Maida/religious source, non-profit organization, Merian's Friends, Hemlock Society, disability source, Right to Life of Michigan

story, compared with 1.76 sources per story in the *Detroit Free Press*, 1.46 sources per story in the *Lansing State Journal*, and 1.41 sources per story in the *Grand Rapids Press*. The *Detroit Free Press* used more sources supporting physician-assisted suicide per story than the other three newspapers. The *Detroit Free Press* used an average of 1.50 sources per story supporting physician-assisted suicide, compared with 1.37 used by the *Lansing State Journal*, 1.30 used by the *Detroit News*, and 1.16 used by the *Grand Rapids Press*.

According to source usage, the *Lansing State Journal's* coverage of physician-assisted suicide was probably the most balanced on the topic of physician-assisted suicide, with an average of 1.37 sources per story supporting physician-assisted suicide and 1.46 sources per story against the practice. The *Detroit News* likely had the least-balanced coverage, with an average of 2.04 sources against physician-assisted suicide per story and 1.30 sources supporting the practice. When it came to coverage of Kevorkian's trials, the *Detroit News's* coverage was likely more balanced than the other three newspapers, and all newspapers except the *Detroit News* appeared biased in favor of the defense. The *Detroit News* used an average of 1.01 prosecutorial sources and 1.00 defense sources per story, compared with .83 prosecutorial sources and .93 defense sources for the *Grand Rapids Press*, .80 prosecutorial sources and 1.00 defense sources for the *Lansing State Journal*, and 1.17 prosecutorial sources and 1.37 defense sources in the *Detroit Free Press*.

The two most notorious spokespersons, Jack Kevorkian and his attorney Geoffrey Fieger, both were used an average of less than once per story in all four newspapers. Kevorkian was used more often as a source in the *Lansing State Journal* than in other

newspapers. The *Lansing State Journal* used him an average of .37 times per story, compared with .31 times for the *Detroit Free Press* and .29 times each for the *Detroit News* and *Grand Rapids Press*. Fieger was used as a source more often in the *Detroit Free Press* than the other newspapers. The *Detroit Free Press* used Fieger an average of .81 times per story, compared with .54 times for the *Lansing State Journal*, .49 times for the *Detroit News*, and .48 times for the *Grand Rapids Press*.

Official sources were relied upon heavily in coverage. The *Detroit Free Press* used an average of 3.19 official sources per story, compared with 2.99 for the *Detroit News*, 2.89 for the *Grand Rapids Press*, and 2.16 for the *Lansing State Journal*. In contrast, the *Grand Rapids Press* used an average of .76 non-official sources per story, the *Detroit Free Press* used .66 non-official sources, the *Detroit News* used .36 non-official sources, and the *Lansing State Journal* used .34 non-official sources.

Legal sources were relied upon more by all four newspapers than medical, political, religious, family/friend, or interest group sources, likely because of the focus on events rather than issues in coverage. The *Detroit Free Press* used an average of 2.53 legal sources per story, compared with .33 medical sources, .17 political sources, .11 religious, .50 family/friend sources, and .46 interest group sources. The *Detroit News* used an average of 2.29 legal sources per story, compared with .26 medical sources, .23 political sources, .32 religious sources, .26 family/friend sources, and .75 interest group sources. The *Lansing State Journal* used an average of 1.78 legal sources per story, compared with .32 medical sources, .20 political sources, .22 religious sources, .32 family/friend sources, and .68 interest group sources. The *Grand Rapids Press* used an average of 1.76 legal

sources per story, compared with .49 medical sources, .24 political sources, .11 religious sources, .56 family/friend sources, and .49 interest group sources.

H1: Other Sources Are Used More Often than People with Disabilities as Sources in Stories About Physician-Assisted Suicide and/or Euthanasia

Very few people with disabilities were used as sources for stories on physician-assisted suicide or euthanasia. Over the entire time period, four people with disabilities were used as sources for paraphrased quotations, and eight were used as sources for direct quotations. When the people who sought Kevorkian's help were included, most of them having disabling conditions rather than terminal illnesses, those numbers rose to 19 and 16, respectively. When sources were analyzed by newspaper, The *Detroit Free Press* included only one person with a disability for a paraphrase and two for direct quotes. Both the *Detroit News* and the *Grand Rapids Press* included two people with disabilities for paraphrases and three for direct quotes. And the *Lansing State Journal* included paraphrases and direct quotes from no people with disabilities.

CHAPTER 5 DISCUSSION

Just as “the coat hanger was the symbol of desperate women” before Roe vs. Wade, “the plastic bag has become the symbol of what desperate, terminally ill people want in this country right now....” (Montgomery, 1996)

The issue of physician-assisted suicide was prominent in Michigan newspaper coverage through the 1990s. Hundreds of news stories, features, and editorials discussed various dimensions of the issue, including its most notorious adherent, Jack Kevorkian. Beginning in 1990 when he provided the means for Janet Adkins, a woman in the early stages of Alzheimer's disease, to commit suicide, Jack Kevorkian began what some have termed an eight-year spree of assisted deaths. The last person he helped was Thomas Youk, a man with Lou Gehrig's disease.

Several legislative attempts were made during the decade to address the issue and stop Kevorkian's mission of death on demand. Yet, notwithstanding the Michigan Legislature's passage of a bill designed to stop his activity by outlawing assisted suicide, and despite the upcoming November ballot issue that proposed legalizing assisted suicide, Kevorkian videotaped Youk's September 17, 1998, death. Kevorkian showed himself giving a lethal injection to Youk, who could not move more than a few digits, and then he gave the videotape to CBS' *60 Minutes*, which aired it along with an interview with Kevorkian on November 22, 1998. With the evidence he needed, Oakland County Prosecutor David Gorceyca finally was able to secure a second-degree murder

conviction against the retired pathologist with a suspended license, who fired his attorneys and represented himself, against legal advice.

Kevorkian was convicted of second-degree murder on March 26, 1999, and sentenced in April 1999 to 10 to 25 years in prison (Kozlowski, 2000). After spending his first night as a state prisoner in the Reception and Guidance Center in Jackson, Michigan, he was transferred to the Oaks Correctional Facility, a maximum-security prison in Eastlake, near Manistee (Murphy, 1999). Currently he is housed at the Kinross Correctional Facility, a medium-security prison in the small Upper Peninsula town of Kincheloe (Associated Press, 1999). Now 72, he will not be eligible for parole until May 2007 (Kozlowski, 2000).

Fallout from Kevorkian's crusade affected several other Michiganians, not just Kevorkian and the people—both state residents and non-residents—whom he helped. Officials were elected and passed over based on their position in the physician-assisted suicide debate; for example, Oakland County Prosecutor Richard Thompson was ousted in 1997 in favor of David Goreyca, who vowed not to waste taxpayers' money on futile prosecutions of Kevorkian. Geoffrey Fieger, the media-savvy attorney who gained notoriety defending Kevorkian on assisted suicide charges, ran in 1998 for governor of Michigan on the Democratic ticket; he was defeated soundly by incumbent Republican John Engler, who staunchly opposed assisted suicide.

Physician-assisted suicide also pervaded the national consciousness in the 1990s. Oregon passed the Death with Dignity Act in 1994, and a large majority of voters reaffirmed the law in 1997 (Cain, 1999). National attention was focused on Michigan

more than once during the decade. Kevorkian appeared a number of times on the nationally televised newsmagazine programs *60 Minutes* and *Dateline NBC*; his court cases occasionally were appealed to the U.S. Supreme Court. The 1998 election season revolved around two ballot items central to the physician-assisted suicide debate: Geoffrey Fieger's candidacy for the governorship and the citizen initiative to legalize physician-assisted suicide in Michigan.

The purpose of this study was to examine how the media phenomena surrounding physician-assisted suicide and Kevorkian were framed in the four Michigan newspapers. Framing of controversial issues is important because how an issue is framed can affect the public's perception of that issue by first raising it to the audience's consciousness and then telling the audience what is important to know about it (Wallack et al., 1993).

Characterization, while not an item originally intended for analysis, emerged as a vital piece of the puzzle as it had the potential to influence readers' perceptions of the issue. Building on Wallack et al. (1993), the ways in which the characters involved in this drama of death were depicted likely affected how the audience perceived the issue and its importance; their portrayals also may have shown to whom the writers, and by extension the audience, chose to assign credibility or believability. This study, originally intended to be an analysis of the framing of physician-assisted suicide, became more an analysis of Kevorkian's influence on the issue and its perception. The preponderance of items in the sample was news stories focused on Kevorkian, forcing the analysis away from the issue and toward events and characters. The few items in the sample that originated in the few

series that ran from January 1996 to June 1999 did seem to focus more on the issue, analyzing the various pieces of the puzzle, but those series were few and far between.

Importance of the Issue

This study is important because it examines how a controversial issue is framed in mainstream newspaper coverage. McCombs and Shaw (1972) have argued that media attention and coverage make particular topics more noticeable to audiences, thus affecting the importance the public assigns to these topics. Assuming each newspaper produced one story on each of the days in the sample, there would have been 784 items available for analysis. Given that there were only 257 total items available, only about 33 percent of the possible coverage actually was produced. In 1996, 99 of a potential 112 items appeared, leading all other years in realized potential of possible coverage. Despite the small percentage of realized coverage, it is likely that this media agenda led the public agenda, thereby encouraging the formation of groups such as Merian's Friends and Citizens for Compassionate Care, both of which formed in relation to the referendum to legalize physician-assisted suicide that began in 1997 and appeared on the 1998 ballot. However, it should be noted that a series of external events could have been the impetus for both the formation of groups as well as the ebb and flow of public opinion and media coverage. Coverage of assisted suicide, high in 1996, dipped in 1997 (despite the Ionia County trial of Kevorkian) and increased again in 1998, likely because of the election coverage of both the citizen initiative and Fieger's gubernatorial campaign.

Additionally, Wallack et al. (1993) argue that "[t]he topics journalists choose to report, and the ways in which they report them, influence public discussion and private

conversation” (p. 53). Therefore, whether or not newspapers are covering physician-assisted suicide and euthanasia and how they are covering the issues likely will influence what the public is thinking and saying about the issues, both publicly and privately. In this study, coverage was predominantly against physician-assisted suicide; this negative bias likely affected the outcome of the November 1998 ballot initiative.

The reasons and rationales (in other words, the frames) discussed by the media gave the public a way of organizing the compounding information about and understanding the issue of physician-assisted suicide. The blame frame may have led the public to believe that Kevorkian, while essentially killing ill people, was not at fault for their deaths. Indeed, the blame was shifted from Kevorkian to the Michigan Legislature, which was depicted as drafting inane laws, and the police, who were portrayed as targeting a gentle, retired doctor who had only his patients’ best interests at heart. Doctors and the medical community were blamed for not ameliorating the pain suffered by these individuals seeking death, which, unending, forced them to choose death at the hand of Kevorkian—again shifting the blame away from Kevorkian.

Competing with the blame frame were frames of dichotomy, credibility, and intent; these frames, though, attempted to refocus the blame onto Kevorkian, portraying him as less credible and with impurer intentions than he and his lawyers claimed. The fear frame also effectively shifted blame from Kevorkian or the individuals who sought death to the medical community that was not addressing their medical needs in an appropriate manner. As a result, the assignment of blame for the prevalence of assisted suicide in Michigan was obscured, and overall coverage of the issue itself was more event-centered

than issue-based. Underlying, complex reasons, dealing more with ethics and morality than legal or medical concepts, were ignored in favor of superficial stories that shifted blame to the various players without getting to the heart of the issue: the reasons why people who sought Kevorkian's help seemed to feel that their only choice was assisted suicide.

Discussion of Study and Findings

Carragee and Roefs (1999) argue that studies that reduce frames to story topics, portrayals, issue positions or other attributes overlook "both how particular frames apply to multiple issues or topics, and how a single issue position can be a product of more than one frame" (p. 7). Additionally, they argue that conflicting frames can co-exist in news stories, and using a reductionist method "neglects *how* issue positions are organized, defined, and explained" (p. 8). In this study, multiple frames were found in individual stories and multiple angles were used to advance and perpetuate those frames.

The major frames in this study were blame, dichotomy, freedom, and fear. Minor frames included entertainment, intent, credibility, and war/peace. Several of these frames served to maintain event-centered coverage, which allowed writers to ignore underlying, complex issues in favor of captivating anecdotes and trivial details. By focusing on details of misery and suffering, the fear frame (as well as the war/peace frame) served to dehumanize the individuals involved even as coverage focused on individuals. They were dehumanized by the choice of referent words, such as "crippled," "the terminally ill," and "cancer patient" rather than humanizing words such as "person with a disability," "person with a terminal illness," and "individual with cancer." The freedom frame, a minor frame

that was strongly depicted through loaded language and visual imagery helped to solidify the blame and fear frames as well.

The frame of entertainment, in particular, trivialized the events, and by extension, the people and underlying issues involved. Using circus themes and images and entertainment-related words may have lent an air of Hollywood-esque fiction to the physician-assisted suicide issue. This, in turn, may have led audiences to view the debate as a melodrama with little real bearing on the bulk of society. As a result, many people may have viewed the coverage as unimportant to their daily lives and dismissed it. Even those for whom the issue may have had personal relevance may have been turned off by the dramatics and may have tuned out the coverage.

The primary angle of the items in the sample was a legal approach, followed by others, including medical, political, ethical/moral, religious, autonomy, and economic. The use of the legal approach forced an event focus, rather than an issue focus. Legal, political, and medical approaches tended to legitimize the anti-assisted suicide forces more so than those favoring the practice. This was accomplished through the use of more official sources as well as more sources that opposed assisted suicide. By focusing on legal and medical approaches, journalists could appear unbiased, as both the law and science are intended to be empirical, unbiased disciplines. Political coverage, more common in 1998 than in other years, likely was emphasized then only because such “biased” coverage could be expected in an election year. Conversely, the lack of emphasis on ethical, moral, and religious approaches may have been due to the perception that such coverage is inherently biased.

The sanctity of life ethic may be so pervasive in the American subconscious that journalists do not realize they are using it as a foundation for their stories about physician-assisted suicide. However, it is clear that this ethic underlies much of the coverage of the issue, at least in Michigan, as approaches and frames that would compete with the sanctity of life ethic were avoided or used less frequently. For example, the economic approach rarely was used as a primary approach and then only in feature stories. When economic issues were discussed, they usually revolved around the cost of trials or political advertising. Only one story addressed in any depth the economic costs of health care for a person with a terminal illness. The sanctity of life ethic may have caused journalists subconsciously to omit coverage addressing the costs involved in prolonging the life of a person with a terminal illness, not wishing to quantify the value of a human life. Additionally, although Singer (1995) has argued that American culture is leaning toward a quality of life ethic, the American legal system is predicated on the sanctity of life. This may have been related to the overall focus on a legal approach, particularly in news items.

As mentioned in Chapter 1, several journalistic conventions govern the collection, production, and dissemination of news, including newsworthiness and balance (Wallack et al., 1993). Wallack et al. (1993) argue that “[t]here are several journalistic conventions through which framing processes can be seen, including the presentation of images and symbols, the use of selected spokespersons, the use of selected words, and the emphasis on individual levels of problem definition” (p. 68).

In this study it is clear that Michigan journalists' framing of physician-assisted suicide made use of these conventions. Strong visual images and symbols are used to depict the horrors of assisted suicide as well as the pitiful lives led by people seeking Kevorkian's help. Kevorkian appears to have been selected as the primary spokesperson for assisted suicide, but more sources against the practice were used on average in the items analyzed. So, even as Kevorkian existed as the central figure in the debate, a chorus of discordant voices drowned out his message. By emphasizing such words as "dignity," "right," "doctor," and "suffer," as well as using quotation marks for non-speech, including "patients," "counseled," and "help," writers advanced the frames of blame, credibility, and freedom.

The emphasis on individual cases, specifically the focus on the conditions endured by the individuals who sought death, deflected the framing from blaming social conditions to blaming individuals and groups. It also perpetuated stereotypical portrayals of the miserable, pitiful lives of dependence lived by individuals with terminal illnesses. People with disabilities also were stereotyped. With the use of the word "suicide" used to describe the manner of death, people with terminal illnesses and disabilities were blamed for their own deaths. They were depicted as "choosing" death, even though sparse discussion of alternatives other than hospice was provided. For example, no mention was made of the types of social and economic supports needed by people with terminal illnesses and disabilities in order to gain a higher quality of life. This study finds limited support for Duffy's (1997) observation of apparent media bias toward legalizing assisted suicide, mostly in the use of sources and through the freedom and fear frames.

Debating whether or not our Constitutional rights permit the freedom to die by another's hand may be more entertaining than discussing the perhaps more mundane subject of supports—personal assistance, pain management, accessible housing, transportation, etc.—that must be available to all before there can be any true choice about whether to live or die” (Duffy, 1997, p. C2)

Criteria of newsworthiness generally include such elements as timeliness, proximity, prominence, conflict, deviance, and impact. Event-based coverage is governed by the criterion of newsworthiness. Additionally, these norms help to dictate what events or issues are considered worthy of coverage. In this study, news coverage of Kevorkian's trials predominated; these stories satisfied several standards of newsworthiness, including timeliness, conflict, deviance, and proximity. The election coverage in 1997 and 1998 of the Merian's Friends ballot proposal met the criterion of impact, and as the election drew closer, it also fulfilled the standard of timeliness.

Balance is the journalist's answer to the impossible dilemma of objectivity. In attempting to achieve balance, a journalist often will seek out sources from the various sides of the issue or conflict. It is clear from an examination of Table 11 that the coverage of physician-assisted suicide in these four Michigan newspapers was not balanced. Sources against physician-assisted suicide outweighed sources favoring the practice in every newspaper. Wallack et al. (1993) argue that the concept of balance, in particular, forces multifaceted issues into a dichotomous arrangement, even as it seemingly preserves the journalist's objectivity. One of the frames in this study is dichotomy; physician-assisted suicide often was illustrated through the use of dichotomies, including good doctors versus bad doctors, good care versus bad care, tradition versus progress, courage versus cowardice, secrecy versus openness, suffering versus peace, and quality of

life versus sanctity of life. Atwood-Gailey (1999) argues that the euthanasia dilemma may be too “meaning-laden and complex” (p. 268) to use a dichotomous arrangement. It appears that although the issue is complex, dichotomies were used to distill the issue into a case of good (hospice and life) versus evil (Kevorkian, assisted suicide, and death). In doing so, Michigan newspaper writers oversimplified and dramatized the issues underlying assisted suicide.

One way that framing is achieved is through the presentation of images and symbols (Wallack et al., 1993). Some of these images can be based on accurate or inaccurate stereotypes, tapping into deeply held social myths about a particular marginalized group (Gans, 1979). As mentioned above, in this study, all discussions of people with disabilities and characterizations of people who died were perpetuations of media-maintained stereotypes, blaming victims, and trivialization of people. This focus on a market justice approach results in such consequences as blaming victims and perpetuating stereotypes (Wallack et al., 1993). Examining the perpetuation of stereotypes through the media is important for two reasons, according to Gorham (1995): because of what stereotypes do and because of what they mean.

Wallack et al. (1993) argue that framing also can be effected through the use of selected words:

There is power in the act of naming things. ... At first, naming things may not seem important and to some may even seem silly or trivial. However, consider the importance of the term *person with a disability* versus *disabled person* or *handicapped person*. The former term emphasizes the person, whereas the latter terms emphasize the disability. The same is true for *AIDS victim*, a term that suggests powerlessness and is defined by the disease, versus *person with AIDS*. The latter puts the person first; he or she is not defined by the problem (p. 45).

In light of this power of language to frame events and issues, it is interesting to note that the title of one series produced by the *Detroit Free Press* was “Suicide Machine,” perhaps referring not only to Kevorkian, but to the assembly-line processing of people seeking death.

Writers of the items in this sample occasionally use non-inclusive language to depict the individuals who were seeking Kevorkian’s help in dying. Although the Associated Press stylebook, a veritable Bible for working journalists, urges writers to avoid stereotypes and terms such as confined to a wheelchair or handicap, several examples of non-inclusive language are found in this sample of stories, including words such as crippled and confined to a wheelchair. While shorter and less cumbersome, such non-inclusive language, as well as writers’ reliance on such terms as “the terminally ill” or “a Lou Gehrig’s disease sufferer” to refer to the victims in these stories perpetuates the powerlessness of these individuals. By defining the problem as a personal issue, it reinforces the idea that physician-assisted suicide is a personal solution to an individual problem, and in doing so forces the debate away from an emphasis on society’s larger responsibility to ensure equal access to social goods such as health (e.g., Wallack et al., 1993).

Reliance on societal prejudices about disabilities helped to foster several frames in this study, including blame, fear, and credibility. Attorney Geoffrey Fieger often was faulted as tapping into such prejudices within juries in order to secure acquittals for Kevorkian. One of the stereotypes included was the belief that the people desiring death had no quality of life. The medical community also was blamed for succumbing to

societal prejudices against people with disabilities. Some of the people Kevorkian helped die were described using loaded language and visual images to depict a fearsome state of pain. Disability was portrayed as a fate worse than death. Framing devices that promoted these stereotypes included loaded language (waste away, emaciated, bedridden, tortured) and imagery that depicted the presumed poor quality of life experienced by people with disabilities (can't provide for even his simplest needs, to be left so demented or disabled that we can't ask to be released).

The people who sought Kevorkian's help were dehumanized even as their individual stories were used to highlight the issues underlying the physician-assisted suicide debate. This perpetuated the idea of powerless victims victimized by society and the medical establishment. Although Kevorkian was not blamed, he continued to victimize these people by capitalizing on their deaths to gain publicity for his own cause of "obituary." The dehumanization of these people effectively trivialized the issue and forced an event-centered focus rather than an issue-based focus. Instead of addressing the reasons these people were "choosing" death, it was portrayed simply as the choice. The unanswered question was whether these people truly had a choice or whether the circumstances of their lives led them to only one option: assisted suicide.

Yuker (1994) notes that stereotyped portrayals foster negative attitudes, and severe disabilities, untreatable or terminal disabilities, visible disabilities, and disabilities that are contagious (such as AIDS) are perceived as less acceptable. In this study, patients in persistent vegetative states and with terminal illnesses were depicted as miserable and suffering excruciating pain. They were said to choose death rather than continue to exist,

and they blamed the government and medical establishment for forcing them to seek a clandestine death. Previous research has found that people with disabilities rarely are portrayed positively (Greenberg & Brand, 1994), and most people with disabilities are portrayed as dependent and incapable of contributing to society (Greenberg & Brand, 1994, citing Gardner & Radel, 1978). These trends were seen in this study as well.

Byrd and Elliott (1988) note that stereotypical portrayals of disability in the media tend to foster negative attitudes because of misinformation. These negative attitudes that may have been fostered by Michigan newspaper coverage of physician-assisted suicide actually may have increased acceptance of physician-assisted suicide for several years, despite the preponderance of sources against assisted suicide in this sample of stories. Information about disabilities that is provided by family, friends, peers, and political leaders usually is given more credence than information from other sources (Yuker, 1994). The degree of information a person has from the above sources will positively affect attitudes toward people with disabilities (Yuker, 1994). However, as seen in Table 11, little information from these sources was included in Michigan newspaper stories about physician-assisted suicide from January 1996 to June 1999.

In health-related news coverage, issues often are framed by focusing on an individual. By focusing attention on certain issues, and certain aspects of those issues, media have the power to set the public agenda (McCombs & Shaw, 1972). Entertainment as well as news can help set this agenda, telling audiences what is important enough to warrant their attention and giving them ideas of what actions should be taken to address the issue at hand. For example, in the case of physician-assisted suicide, the only

experience some people might have had with the practice itself was through the media; however, the personal experience of dealing with an elderly or infirm family member or friend may have been more widespread. Wallack et al. (1993) argue that when “personal experience is consistent with what the media describes, this will reinforce the media’s effect” (p. 62). Despite the use of more sources against physician-assisted suicide and the underlying cultural bias toward sanctity of life, the overall impact of the Michigan newspaper coverage—with its predominance of stereotyped portrayals of terminal illness as well as the appeal to autonomy and constitutionally guaranteed liberties—may have led readers to envision assisted suicide as the only option when they, a family member, or a friend become terminally ill.

Haller (1996) notes that journalism is generally an event-driven profession. An emphasis on events over issues serves to marginalize social groups or movements; in this case, the event focus marginalized not only the forces in favor of legalizing physician-assisted suicide but also, in some respects, those opposing it. In this study, it is argued that event-based stories and editorials dominated the coverage of physician-assisted suicide and euthanasia in Michigan newspapers from January 1996 through June 1999. In this time period, the *Grand Rapids Press* had more items than the two Detroit papers, which would have been expected to have more coverage because of Kevorkian’s proximity to Detroit. Unlike the other papers, though, the *Grand Rapids Press* included significantly more out-of-state stories that dealt with physician-assisted suicide. As expected, both Detroit papers had more opinion items. The *Lansing State Journal*—expected to have a high number of opinion and news items because it is housed in the city

that serves as the site of state government—did have, proportionally, the most news items, but it was last overall in total news items. Most stories were locally written, and it is likely that a large proportion of the wire stories that appeared in the *Grand Rapids Press* and the *Lansing State Journal* originated in the Detroit bureau of the Associated Press and were edited locally. The placement of items also helped to maintain the event-based nature of coverage: 47% of items were in first section, 31% in second section. Because the first and second sections of newspapers often are news-based, the coverage likely was event-based.

Event-based coverage also can be estimated by examining the percentage of items that were news-based as well as examining the type of approach as seen in the lead. Sixty-eight percent of the items were news-based (n=175), while another 29% were opinion, feature, and news-feature items. Most of the news items were event-based, focusing on Kevorkian's trials. Fifty-four percent of the items took a primarily legal approach to the story (n=138), while another 30% took a political or medical approach. Few of these items dealt with issues; the focus again was more on events. In 1998 the legal approach led other approaches (n=32), but the political approach was a very close second (n=26). The legal approach led in all other years. Editorials (which are likely to be more issue-based) were more prevalent in 1997 and 1998 than other years, but overall news items were the bulk of the sample. News-features were more common in 1999, after the issue had been settled by popular vote. When the primary approach is crossed by type of item, it becomes clear that the legal approach dominated news and news-feature

stories, while the political approach led opinion items and the medical approach was more common in feature stories.

As mentioned previously, the American legal system is founded on the sanctity of life ethic; however, as Singer (1995) argues, the recent trend toward cost containment in health care and the resulting emphasis on consequences may serve to degrade the sanctity of life ethic and replace it with a quality of life ethic. Therefore, this dominance of the legal approach in news stories due to journalists' perhaps unconscious reliance on sanctity of life as a guiding principle likely marginalized the pro-assisted suicide forces. Using a legal approach allowed journalists to indulge this subconscious leaning while maintaining an appearance of objectivity. To have relied on ethical or moral or religious approaches would have appeared clearly subjective and biased. The medical approach, because it is based on the scientific nature of medicine, would likely have appeared unbiased as well. Interestingly, editorials, which by their very nature are not required or expected to be unbiased, used primarily the political approach, which by its nature is likely subjective. The approach of the item, then, helped to maintain the appearance of objectivity while also perpetuating the event focus that marginalized the issue of assisted suicide.

Characterization was not part of the original study parameters, but its importance became obvious and likely would have affected opinions about physician-assisted suicide and/or the major players. In telling stories, Wallack et al. (1993) argue, characters necessarily are placed above issues. Who these characters are and how they speak are decisions made by the producers of the news, whether in print or on broadcast, and

“[s]imply being selected for attention by the media lends a story a certain legitimacy in the eyes of the audience, which can lead to prestige or, conversely, notoriousness” (p. 58).

In addition to the processes discussed above, framing can be accomplished through the use of selected spokespersons. A large majority of the stories in this sample centered on Jack Kevorkian. Although he was not the focal point of this study, stories that addressed the issues of physician-assisted suicide and euthanasia often revolved around Kevorkian, the state’s most vocal and visible practitioner and assisted-suicide activist. Kalwinsky (1998) also found a focus on Kevorkian in *New York Times* stories about physician-assisted suicide. He argues that early frames of coverage in the *New York Times* establish Jack Kevorkian as a central element in the narrative as an icon or symbol of physician-assisted suicide. Within the early coverage, Kevorkian’s status as an official source gives credence to his opinions and provides an individual for the news coverage to focus upon. Atwood-Gailey (1999), too, saw Kevorkian as a central figure in the physician-assisted suicide debate; she has called Kevorkian “perhaps American society’s foremost articulator of the ongoing struggle over authority over death and dying” (p. 277).

Although Kevorkian does not equate with the issue of physician-assisted suicide, he has been used as its mouthpiece, a symbol of the movement to legalize the practice, and a fearsome threat of the practice run amok. He helped to raise the issue to the state’s and nation’s consciousness, if nothing else. There was a focus on events, not the issue, as seen by the preponderance of news stories over editorials, particularly those news stories that focused on Kevorkian and his many trials. Sixty-five percent of all items centered on

Kevorkian; this focal point enjoyed a majority in every year except 1998, the election year in which the issue of physician-assisted suicide was settled in Michigan. In 1996, 80% of items focused on Kevorkian, followed by 75% in 1999, 58% in 1997, and 49% in 1998. The large majority of stories in 1996 and 1999 revolved around Kevorkian's trials; he was tried and acquitted twice in 1996, granted a mistrial once in 1997, and tried and convicted in 1999.

Focusing on Kevorkian as a spokesperson played into journalists' desire for interesting stories that likely would appeal to a mass audience. He was simultaneously legitimized and delegitimized through the use of selected words and phrases, the use of quotation marks for non-speech, and the focus on events surrounding him rather than the underlying issues. Increasingly he was shown to be a less-than-credible source, and correspondingly, he was used as source less frequently. As Kevorkian was delegitimized, so was the entire movement to legalize assisted suicide, including Merian's Friends, even as that group attempted to distinguish itself from the outlandish Kevorkian.

Using quotation marks to denote non-speech and focusing on dissension within a group or movement serves to trivialize or marginalize the group (Ashley & Olson, 1998; Bowie, 1999). The use of quotation marks around words such as "patients," "counseled," and "helped" served to trivialize Kevorkian's actions, even as the bulk of stories focused on Kevorkian. Dissension between the various groups advocating physician-assisted suicide was emphasized. Merian's Friends attempted to distance itself from Kevorkian, emphasizing how the criteria advocated by Merian's Friends' ballot proposal would have excluded many of the people Kevorkian had helped to die.

The oxymoron “Doctor Death” used to describe Kevorkian shows that he was given the legitimizing title of “doctor,” but then other words were used to delegitimize him, such as “defrocked” and “irascible.” Reporters did what they could within the constraints of the profession (e.g., Wallack et al., 1993) to make him seem less credible, using quotation marks for non-speech and paraphrasing him using loaded language and strong visual imagery (see also Bowie, 1999; Ashley & Olson, 1998). While this study did not attempt to correlate such tactics with people’s attitudes toward the issue of physician-assisted suicide, framing theory asserts that such strategies likely would change people’s perceptions of Kevorkian and the issue of physician-assisted suicide, making them less likely to support it.

Media advocacy proponents attempt to shift dominant news frames from individually based strategies to those that focus on social policies (Wallack et al., 1993). Little blame was assigned directly to Kevorkian. What was assigned was more for his breaking of the law than for his killing of vulnerable people. More often, blame was assigned to the medical establishment, governmental officials, society, and politicians. The use of individual examples or cases affects strongly readers’ perceptions of social issues (Zillmann, Gibson, Sundar, & Perkins, 1996). By framing death and dying primarily as either a medical problem or an individual rights issue, the news media devalue the *meaning* of death” (Atwood-Gailey, 1999, p. 268, emphasis in original).

The frame of war and peace was prominent in this study and helped to center the debate over physician-assisted suicide on individuals and personal responsibility. Many of the people who died with Kevorkian’s help were said to be battling or fighting a

disease. Ultimately, death gave them peace. Terms such as bout, fight, battle, and feud were used to describe the relationship between the person and his or her disease or condition. Kalwinsky (1998) also found that terminology that evoked imagery of fights was used in the New York Times' coverage of physician-assisted suicide. Battles were waged, won, and lost within the system, against the system, among family members, and against certain players. Terminology likening the court appearances to boxing matches or sporting events also was used. In terms of the war metaphor, Kevorkian's trials often were referred to as battles, minor skirmishes in the war to legalize assisted suicide. Other researchers note that the choice of the words "struggle" or "battle" in disease stories serves to personalize such stories and deflect blame away from society and toward the individuals' own responsibility for their situations (Wallack et al., 1993).

The efforts against physician-assisted suicide also were compared to a war. Religious opponents attempted to "combat" the legalization effort. Imagery also was used to advance the frame of battle or war; for example, religious troops were being "mobilized" for the impending defeat. The portrayal of assisted suicide as a battle or war not only shifted blame from those who deserved it, it also served to perpetuate the concept of dichotomy. Portraying it as a two-sided issue, in which one either was in favor of assisted suicide or against it, maintained the dichotomy frame as well as the blame frame. Taking Wallack et al. (1993) a step further, such an emphasis on the forces against assisted suicide allowed the pro-assisted suicide camp to focus blame on the anti-assisted suicide corps for the failure of Proposal B and the resulting perceived limitation of American constitutional rights.

Wallack et al. (1993) argue that the standard way that newspapers frame health issues comes from a market justice perspective, building on “notions of rugged individualism, self-determination, strong individual control and responsibility, limited individual obligation to the collective good, and limited government involvement in social activity” (1993, p. 7). Gitlin (1980) argues that these ideological bases of American culture establish, in fact, hegemony, which is the perpetuation by the masses of “ideological domination through participation in cultural institutions such as the economic system, educational facilities and the media” (p. 5).

In this study, the market justice perspective described by Wallack et al. (1993) was advanced through several of the major and minor frames already discussed as well as through the freedom frame. The American market justice perspective assumes that individual responsibility and personal choice are the foundation of culture and society, and benefits are seen as rewards for individual effort (Wallack et al., 1993). The freedom frame in this study is advanced through references to rights, civil rights, dignity, and personal autonomy. The issue of physician-assisted suicide was compared to other social issues such as abortion to suggest and sustain this frame, and these comparisons also served to emphasize the market justice perspective as well. Quality of life issues often perpetuated the autonomy frame; people who chose assisted suicide saw it as a way to assert control over their lives and the diseases that had robbed them of control. People perceived as essential the right to make their own decisions about their fate and medical treatment. Loaded language, such as endure, suffer, and profound, as well as imagery

(tying their fingers to the switch) were used to help express this viewpoint. Allusions to civil rights and the Bible also were used to highlight the sanctity of having a choice.

Journalists select quotes to move stories along, to say things they cannot for fear of editorializing, and to make the story more believable. Average readers may not differentiate between loaded words in direct quotations, paraphrases, or perhaps even narrative written by the journalist him- or herself. However, in their experimental study, Gibson and Zillmann (1993) found significant differences in the direct quotation and paraphrased quotation conditions with readers believing the claims enclosed in direct quotations more than the paraphrased quotations. They conclude that “readers do pay attention to what is found between quotation marks” (p. 799). However, it should be considered that this was an experimental study that provided only two stories in print or radio versions. The real-life situation in which a reader has a multitude of stories from which to choose and make sense may make such attention to detail impractical.

Entman (1991) argues that although multiple-source stories do offer an ostensibly balanced portrait of news to readers, when particular frames dominate stories, opposing cues may have little salience for readers. Gans (1979) notes that journalists’ opinions can be expressed unconsciously “through the use of connotative, often pejorative, words and phrases” (p. 199), even as they strive for objectivity. In this study, it was clear that reporters used direct and indirect quotations that included opinion-laden loaded language and images from various sources. This served to maintain the appearance of objectivity in news and feature stories (editorials are meant to be persuasive) even as opinions about the issue and several of the characters clearly came through. One prominent example of this

was the *Detroit News* editorial headlined, “Fieger: Still a Bigot.” Such selective use of language and images likely would help to marginalize the issue and delegitimize the groups or individuals involved in it.

Gibson and Zillmann (1993) argue that using credible sources can make an issue “more salient and/or compelling” (p. 794) but “paraphrasing may be perceived as diminishing the level of veridicality, if only because it is recognized that the original account was recast and may have been tampered with—inadvertently or deliberately” (p. 795). Reporters in this study also selectively used quotations and paraphrases from a large majority of official sources who traditionally would be considered credible. This use sometimes was balanced, but often was not and instead served to help perpetuate the dominant frame of the story. Loaded words as well as strong visual images usually were included in the direct quotations that reporters included in stories, and sometimes they were included in paraphrased quotations as well.

An important tenet of journalism is to provide balanced coverage of controversial issues. According to source usage, the *Lansing State Journal*’s coverage of physician-assisted suicide was probably the most balanced on the topic of physician-assisted suicide, with an average of 1.37 sources per story supporting physician-assisted suicide and 1.46 sources per story against the practice. The *Detroit News* likely had the least-balanced coverage, with an average of 2.04 sources against physician-assisted suicide per story and 1.30 sources supporting the practice. Regardless of the near-balance, however, the preponderance of sources against physician-assisted suicide likely could have affected readers’ perceptions of the importance of the issue as well as their attitudes about it.

When it came to coverage of Kevorkian's trials, the *Detroit News's* coverage was likely more balanced than the other three newspapers, and all newspapers except the *Detroit News* were biased in favor of the defense. The *Detroit News* used an average of 1.01 prosecutorial sources and 1.00 defense sources per story, compared with .83 prosecutorial sources and .93 defense sources for the *Grand Rapids Press*, .80 prosecutorial sources and 1.00 defense sources for the *Lansing State Journal*, and 1.17 prosecutorial sources and 1.37 defense sources in the *Detroit Free Press*. This bias toward the defense, which was attempting to justify the practice of physician-assisted suicide as practiced by Kevorkian, could have affected public opinion toward the issue as well as the public's increasing intolerance of frivolous and perfunctory prosecutions of Kevorkian.

Comparing This Study to Others

Unlike Atwood-Gailey (1999), whose major frames were medical and legal, the major frames in this study were fear, blame, and dichotomy. These frames served to marginalize the issue of assisted suicide, keep a focus on events rather than issues, and force a superficial treatment of the issue of physician-assisted suicide—like putting a Band-Aid on a sucking chest wound. Other important frames included theater/entertainment, credibility, intent, and war/peace. Overall, the frames used in Michigan newspaper coverage of physician-assisted suicide served to marginalize the issue of physician-assisted suicide and the people who chose it as a way of death. Although originally portrayed as an observance of personal autonomy and self-determination, it later was portrayed as a non-mainstream, socially unacceptable method

of death, particularly after its main mouthpiece, Jack Kevorkian, was delegitimized for being too eccentric. While Atwood-Gailey (1999) used medical, legal, ethical/religious, and economic frames as categories, this study used them as angles or approaches to the story, rather than as frames. Although Atwood-Gailey (1999) labeled her frames the same way this study labeled angles, they can be interpreted to mean basically the same thing.

Overall, as Atwood-Gailey found with her medical and legal frames, legal, political, and medical approaches were most common in this sample. Congruent with journalistic norms, the emphasis on legal and medical frames served to refocus the examination of assisted suicide to socially acceptable and unbiased approaches while avoiding the seemingly biased religious, ethical, and moral angles (see also Atwood-Gailey, 1999). There were significant differences in the angle used by year. The legal angle was more common in 1996, and the political approach more common in 1998. This differing use of such angles made sense because Kevorkian experienced three trials in 1996 and assisted in several deaths, both of which were topics usually approached with a legal angle; also, the issue of physician-assisted suicide became a hotly contested ballot issue for the November 1998 election, and Geoffrey Fieger, Kevorkian's lead attorney, ran unsuccessfully for governor in 1998. In 1997 when Kevorkian's trials and political activity related to physician-assisted suicide weren't taking center stage, feature stories were more common than news or opinion items even as the legal approach continued to dominate coverage.

Atwood-Gailey (1999) found a predominance of stories favoring euthanasia. She found an emphasis on stories that depicted the "good death" offered by euthanasia: a

death that offered individuals “the freedom to ‘choose’ the time, place, and circumstances of their deaths” (p. 259). She argues that this picture of death “resonates with long-established American values, including individualism, liberty, economic pragmatism, close family ties, and aversion to death and its discomforts” (p. 259-260).

Both Atwood-Gailey (1999) and Kalwinsky (1998) found an emphasis on frames that maintained the appearance of objectivity and unbiased coverage, as did this researcher, for the most part. Some other frames in this study—fear and liberty in particular—reflect Atwood-Gailey’s depiction of American values and several of the stories do, indeed, have a pro-assisted suicide bias, similar to what Atwood-Gailey (1999) found. But based on source use and the lack of balance in the analyzed items, overwhelmingly these frames are outweighed by the major frames of blame and dichotomy. Dichotomy, in particular, helped maintain the appearance of objectivity, even though it trivialized the magnitude and complexity of the physician-assisted suicide issue and ensuing debate in Michigan.

In fact, Kalwinsky’s (1998) argument that the *New York Times*’ frames for physician-assisted suicide and Kevorkian “resonate with the focus on individual autonomy while ironically denying it” (p. 108) also was found to apply in this study. Freedom, one of the minor frames in this study, and fear, one of the major frames, both invoked the mantra of personal autonomy and the presumed “right” to choose. However, the people exercising or hoping to exercise this “right” had few options to choose among; at least in the way it was portrayed, they could choose between a long, painful, drawn-out, technological death in a hospital or a quick, painless, clandestine assisted suicide in an anonymous hotel room. Even the choice of the word “suicide” to refer to these

deaths—rather than the police and medical examiner’s use of the term “homicide”—depicted them as autonomous, self-directed, self-inflicted actions.

Kalwinsky (1998) found an emphasis on official sources and medical and legal frames as well as a depersonalization of the individuals choosing death by assisted suicide. While the early frames he identified focused on Kevorkian, that focus changed to one of individual rights and individual autonomy, later transforming into the legal and medical frames. Kalwinsky (1998) argued that journalistic standards of objectivity allowed Kevorkian’s dissonant voice to seep into coverage that portrayed physician-assisted suicide as killing or murder through the official voice of the law. He also argued that when religious voices joined the portrayal as reliable sources, they transformed Kevorkian’s image from a rebel against the system to a saint helping the oppressed. This study found little religious support for Kevorkian’s actions. Only one retired Episcopal bishop was quoted in support of Kevorkian, but overwhelmingly religious sources opposed his deeds.

Toward the end of the time period in his study, Kalwinsky (1998) notes that terminology that evokes images of fights is used, and paternalism—defined as doing what is best for a patient even if in spite of that patient’s wishes (Childress, 1982)—is the dominant frame of medical coverage. This study also found an emphasis on conflict, depicted in both the dichotomy and war/peace frames. Kalwinsky (1998) argued that government is portrayed as part of the problem, especially in light of individual freedoms; this theme was seen in the current study as well, particularly in the blame frame. Kalwinsky (1998) also emphasizes that the voices of the elderly, terminally ill, and

disabled—the likely beneficiaries of physician-assisted suicide—are notably absent in all coverage, as they were in this study as well.

Limitations

With any project, the researcher must accept certain limitations, and this study is no different. First of all, because it is a qualitative study of frames evident in news coverage in four Michigan newspapers, the findings are not necessarily generalizable to other Michigan newspapers, a different time period, or different areas of the country. Additionally, time and resource constraints forced the researcher to examine only a sample of the articles that appeared in these four Michigan newspapers from January 1996 to June 1999. A quick perusal of items not included in the random, constructed sample showed a few more articles with a focus on disability issues and using disability sources than the percentage included in the sample. These articles also may have had a different series of frames, or they may just have fleshed out the frames that were found in the random sample.

An ideal study would have examined coverage in the Michigan newspapers from a period of time prior to Kevorkian's activity so as to examine how frames changed once Kevorkian stepped into the fracas. Ideally, a study also would have compared Michigan newspaper coverage to that of newspapers in Oregon—which also has been a pivotal state in the developing national debate over physician-assisted suicide—and several elite national newspapers and would have involved talking with journalists about their coverage and attempting to discern what biases, if any, affected their coverage. However, time and resource constraints made such a wider scope impractical for this study.

Future Research

Several possibilities for future research based on this study exist. Ideally, future research should address this study's limitations, including interviewing journalists and examining a wider population of stories. Interviewing journalists would allow an examination of the biases held by these journalists as well as the process by which they selected and wrote these stories. Such in-depth interviews would allow examination of one of the repositories of framing—communicators—that Entman (1993) identified. With increased resources, a study that examines the coverage of the four included newspapers from 1987, well before Kevorkian became active in Michigan, to the end of 1999, the year he was convicted and jailed, could be conducted. An even wider scope would include Oregon and elite national newspapers and compare frames of coverage across years and newspapers.

Other possible research studies that could rise from this study would help flesh out the frames used in newspaper coverage of physician-assisted suicide. These include a survey of Michigan residents' attitudes toward physician-assisted suicide and Kevorkian as well as time-series analyses of both polling data and dominant frames and dominant frames and events throughout the years of the newspaper coverage. These sorts of empirical studies could help demonstrate the effect of framing by examining actual attitudes in response to coverage as well as correlating existing media frames with polling data from the same time periods to track how frames affect public opinion, similar to McCombs and Shaw's (1972) landmark study that helped establish agenda-setting. An examination of various interest groups' archives related to the physician-assisted suicide

issue as well as interviews with Kevorkian and other key players also would help flesh out the understanding of framing.

Implications

It is said that Gerbner once argued that those who tell a nation's stories do not have to worry about who makes its laws (Wallack et al., 1993). The reason for this relates primarily to the inherent power of language. News coverage of many issues, particularly controversial issues, can be biased, and these biases in news coverage can be traced to newsroom ideology (Altschull, 1984) as well as stereotypes held by journalists themselves (e.g., Gorham, 1995). Biased news coverage can affect audiences' opinions about issues (e.g., Gibson & Zillmann, 1993), as can episodic coverage that focuses more on events than issues (e.g., Iyengar, 1991). By choosing what words will be associated with these issues, journalists have a great deal of power to affect the way the public integrates these concepts into their existing schema (Tversky & Kahneman, 1982). Gitlin has argued that journalists selectively construct stories in order to evoke particular images and references for their readers, particularly those that maintain the dominant ideology (1980).

Walsh-Childers (1994) found by comparing four newspaper case studies that in three of the four cases "news coverage likely will have limited impact on changes on state or national health policies" (p. 98). If both agreed-upon solutions and supportive interest groups and public officials working toward specific changes exist, newspapers may have a greater influence on health policies. Because there was not an agreed-upon solution to this problem, it would have been difficult for media advocates to advance a particular

solution frame. However, the existence of active interest groups on both sides of the issue helped to drive newspaper coverage, particularly around the 1998 election. Newspaper coverage was predominantly against legalizing physician-assisted suicide; reasons cited included poorly written legislation as well as the slippery slope.

Event-based coverage is important to identify because it serves to trivialize the groups involved in a social protest movement (e.g., Ashley & Olson, 1998; Bowie, 1999; Entman & Rojecki, 1993). Event-based coverage significantly outweighed issue-based coverage during the time period and in the Michigan newspapers examined. In this study, Kevorkian was simultaneously legitimized (through the number of stories that focused on him, the title of “doctor,” and the placement of stories about him) and delegitimized (through loaded words and phrases, the use of quotation marks for non-speech references to him, and the portrayal of his deviance from the mainstream). Taking the focus off a group or movement’s goals and placing it on that group’s actions serves to marginalize a social movement (Ashley & Olson, 1998). Using official sources more than or rather than those involved in the protest also serves to marginalize a group and its goals (Entman & Rojecki, 1993; Bowie, 1999). The more outside a social boundary a group or individual is, the more likely they are to be marginalized. Because of his focus on people’s quality of life rather than ascribing to the social norm of belief in the sanctity of life, Kevorkian was marginalized. As his behavior became more eccentric and unorthodox, he was increasingly marginalized. Although legal actions against him had been unsuccessful previously, once he confessed on videotape, was portrayed as sufficiently outside the

mainstream, and was sufficiently marginalized in the press, he was successfully prosecuted.

Issue-based coverage occurred in the series that the two Detroit newspapers published during this time period. However, only seven items were part of a series, and only three series were included in the sample of stories in this three-and-a-half year period of time. The seven items that appeared in a series—only three percent of the 257 items analyzed—dealt more with the underlying issues of physician-assisted suicide. This lack of focus on the issues underlying physician-assisted suicide in Michigan, particularly the people who died and why they chose such an end to their lives, served to marginalize the people seeking assisted suicide and portray them as unimportant in the debate. Entman and Rojecki (1993) and Bowie (1999) argue that to use official sources and ignore the voices of those most intimately involved in a particular movement or issue marginalizes them. This marginalization then has the potential to affect how the rest of society thinks and acts in regard to the issue. In this case, it is likely that more of a focus on the people and their reasons for choosing physician-assisted suicide may have reversed the November 1998 vote against legalizing physician-assisted suicide in Michigan. As it was, the focus on the trials and the eccentric Kevorkian, a deviant figure even as he served as a mouthpiece for the movement, likely influenced voters to vote against the ballot issue, maintaining the sanctity of life and keeping physician-assisted suicide illegal.

Entman and Rojecki (1993) have identified seven dimensions of news that affect the ability of a social movement to garner public and elite support. These dimensions reflect

the different emphases that communicators can include in a text. They argue that these seven dimensions are dependent on the journalists' framing of the news.

1. Rationality-emotionality: Is the movement driven by intellectually sound policy ideas or emotion?
2. Expertise: Do members of the movement have the technical capacity to analyze and recommend valid policy?
3. Public support: How many Americans agree with the movement's goals?
4. Partisanship: Are the movement's members trying to use political strategies or power to influence policy?
5. Unity: Do the members of the movement agree on the movement's goal?
6. Extremism: Are the members of the movement deviant?
7. Power: Is the movement likely to influence government policy? (pp. 156-157).

In answer to these questions, the physician-assisted suicide movement in Michigan from January 1996 to June 1999 was driven primarily by emotional appeals to intellect. Merian's Friends attempted to frame the issue of legalizing assisted suicide as a patients' rights issue, one of personal autonomy. Although Edward Pierce, the leader of Merian's Friends, was a retired physician and former politician, lending him the expertise to understand and recommend valid policy, the movement was not successful. Their potential for success may have been derailed by the emotional appeals of other interest groups, including Citizens for Compassionate Care, a coalition of right-to-life, religious, disability, and other anti-assisted suicide activists. Public support for physician-assisted suicide (and for prosecutors ceasing to pursue cases against Jack Kevorkian) was consistently high, ranging from 50% to nearly 80% at one point. However, as the election approached, that support waned until nearly 70% of voters chose not to legalize physician-assisted suicide in Michigan.

As much as various players attempted to use the democratic process to advance their perspective on physician-assisted suicide, their goal was neither clearly defined nor

singular. Forces wishing to legalize the practice included both Merian's Friends and Jack Kevorkian. While Merian's Friends (and the Hemlock Society) hoped to legalize assisted suicide with stringent criteria and rules, Kevorkian flouted the criteria he had set for himself—criteria that were similar to those espoused by Merian's Friends.

In terms of deviance, Kevorkian clearly was portrayed as deviant, even though legitimizing words such as "doctor" and "patient" were used. Words and phrases such as "promiscuous practitioner of assisted suicide," "maverick," and "lurks" were used to delegitimize him. Loaded language was used to portray Kevorkian as a dark, sinister, death-obsessed man with an almost-cartoonish fascination with death and dying.

Based on the answers to the above questions, it is clear that the forces hoping to legalize physician-assisted suicide in Michigan had little hope of success. The ways the newspapers and journalists framed the issue of physician-assisted suicide practically guaranteed the movement would meet with failure in the 1998 election.

APPENDICES

APPENDIX A

CHRONOLOGY OF KEVORKIAN'S MICHIGAN ACTIVITY³

Key Dates in Kevorkian's Crusade The Kevorkian Trial

Dr. Jack Kevorkian has acknowledged helping more than 130 people die this decade. Key dates in his assisted-suicide and euthanasia crusade:

1990

June 4: In the first reported instance, Kevorkian helps Alzheimer's patient Janet Adkins, 54, kill herself with intravenous drug machine.

June 8: Oakland County Circuit Judge Alice Gilbert temporarily bars use of the machine.

Aug. 19: Geoffrey Fieger agrees to defend him for free.

Dec. 3: Oakland County Prosecutor Richard Thompson charges Kevorkian with first-degree murder in Adkins' death.

Dec. 13: District Judge Gerald McNally dismisses charges because Michigan has no assisted-suicide law.

1991

Oct. 23: Marjorie Wantz and Sherry Miller die of lethal injection and carbon monoxide poisoning, respectively. Wantz, 58, suffered chronic pelvic pain. Miller, 44, had multiple sclerosis.

Nov. 20: State Board of Medicine suspends Kevorkian's medical license.

1992

Feb. 5: Oakland County grand jury charges Kevorkian with open murder in the deaths of Miller and Wantz.

³ Information for this appendix is reprinted with permission from the *Detroit Free Press*. Original article: Key dates in Kevorkian's crusade. (1999, March 27). *Detroit Free Press*, p. 5A.

July 21: Cases dismissed for lack of an assisted-suicide law.

Dec. 15: Gov. John Engler signs temporary assisted-suicide ban, making it a four-year felony. The legislation takes effect March 30, 1993, and imposes a 15-month ban while a commission studies the issue.

1993

Aug. 4: Thomas Hyde, 30, inhales carbon monoxide. He had Lou Gehrig's disease.

Aug. 17: Kevorkian is charged in Wayne County with assisting Hyde's suicide.

Oct. 22: Merian Frederick, 72, inhales carbon monoxide in a room across the hall from Kevorkian's Royal Oak apartment. She had Lou Gehrig's disease.

Nov. 22: Dr. Ali Khalili, 61, inhales carbon monoxide in the same room as Frederick. Khalili had bone cancer.

Nov. 30: Kevorkian is arraigned on charges of assisting in Frederick's death. He is held in lieu of \$50,000 cash bond in the Oakland County Jail, where he goes on a hunger strike.

1994

Jan. 4: Thompson charges Kevorkian with assisted suicide in Khalili's death.

Jan. 27: Charges dismissed in the deaths of Frederick and Khalili.

April 19: Jury selection begins in the Hyde case.

May 2: Kevorkian acquitted.

Dec. 13: Michigan Supreme Court rules there is no right to assisted suicide and that the state's ban is unconstitutional. But it also says the trial court must reinstate murder charges in deaths of Wantz and Miller.

1995

April 24: U.S. Supreme Court refuses to hear appeals of Michigan Supreme Court-approved assisted suicide ban, which allows the Khalili and Frederick charges to be reinstated.

1996

March 8: Kevorkian acquitted in deaths of Khalili and Frederick.

May 14: Kevorkian acquitted in deaths of Wantz and Miller.

Aug. 6: David Gorcyca defeats Thompson in the Republican primary for Oakland County prosecutor.

Aug. 30: Loretta Peabody, 54, of Ionia, dies. Coroner initially attributes her death to natural causes. She had multiple sclerosis.

Oct. 31: Kevorkian and two associates are arraigned on new criminal charges in Oakland County stemming from their role in 10 assisted suicides.

Nov. 7: Kevorkian is arrested in Ionia after a grand jury indicts him on the charge of assisting in Peabody's suicide.

1997

Jan. 10: Gorcyca dismisses Kevorkian criminal charges.

June 12: Ionia County judge declares a mistrial in the Peabody case.

1998

June 7: Kevorkian harvests the kidneys of a Nevada man who died with his help. Medical facilities refuse to accept the organs.

Sept. 17: Kevorkian injects Thomas Youk with lethal drugs and later gives CBS a videotape of the death.

Nov. 22: *60 Minutes* airs portions of the tape and a Mike Wallace interview with Kevorkian, who challenges prosecutors to charge him and decide the issue.

Nov. 25: Gorcyca charges Kevorkian with first-degree murder and delivery of a controlled substance in Youk's death.

1999

March 22: Kevorkian's trial begins in Oakland County Circuit Court. He tells Judge Jessica Cooper that he will represent himself.

March 26: Jury convicts Kevorkian of second-degree murder and delivery of a controlled substance.

APPENDIX B

MICHIGAN NEWSPAPERS INCLUDED IN THE SAMPLE AND AVERAGE CIRCULATION FIGURES*

Newspaper	Circulation (daily)	Circulation (Sunday)
<i>Detroit Free Press</i>	381,599	809,479 combined with Detroit News
<i>Detroit News</i>	244,850	
<i>Grand Rapids Press</i>	139,978**	192,407**
<i>Lansing State Journal</i>	69,468**	93,428**

*For the 6-month period ending March 31, 1998 (*Editor & Publisher*, 1998, May 9).

***Editor & Publisher International Year Book, Part I* (77th ed., 1997).

APPENDIX C

NEWSPAPER EDITIONS INCLUDED IN SAMPLE

1996

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
July 22	Mar 5	Mar 6	May 16	July 26	June 22	Mar 24
Dec 16	Jan 30	Jan 17	May 2	Jan 26	Oct 5	Mar 3
Sept 23	Mar 12	Feb 21	June 11	June 28	Dec 28	July 28
Nov 25	June 18	Aug 14	Aug 1	June 7	Feb 24	Oct 20
Aug 19	Sept 10	Feb 7	Oct 10	Mar 29	Aug 17	June 16
Sept 30	May 28	Mar 20	Jan 11	Dec 13	Apr 13	Dec 22
Dec 30	June 11	June 19	Aug 22	Mar 8	June 29	Dec 15
Aug 26	Sept 17	July 17	May 30	Feb 9	May 11	May 12

1997

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
July 28	June 24	Mar 26	July 3	may 30	Feb 22	Aug 3
Sept 8	July 1	May 21	Dec 11	Aug 22	Nov 1	Apr 6
Mar 31	may 13	Nov 12	Apr 10	Mar 14	July 5	May 11
Apr 7	Sept 23	Mar 5	Nov 27	June 20	Dec 27	Sept 21
Aug 11	Dec 16	Dec 24	Jan 30	July 25	Apr 26	Aug 24
Mar 24	Mar 18	Mar 19	May 15	June 13	May 3	Oct 12
Apr 21	Aug 19	Dec 31	June 26	Sept 5	July 19	May 4
May 12	June 17	Dec 17	Dec 18	Jan 31	Dec 6	Mar 30

1998

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Apr 27	Sept 29	Aug 19	Nov 12	Sept 11	Sept 26	Aug 23
June 29	Apr 21	Oct 14	June 25	Aug 28	Jan 10	May 24
Aug 31	July 7	June 24	Mar 12	Dec 25	Apr 4	Sept 20
Feb 16	Dec 22	July 22	Feb 19	Nov 20	Sept 12	Sept 13
Feb 2	Dec 1	Apr 8	Mar 19	Aug 7	Feb 14	July 26
Oct 5	Oct 6	Apr 15	Oct 8	Aug 14	Aug 1	Aug 9
Dec 28	Nov 3	Dec 16	Nov 19	Feb 13	Apr 11	May 10
May 4	Oct 20	Mar 25	Oct 1	Nov 6	July 25	Nov 22

1999

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
May 10	Mar 30	June 2	Apr 29	Jan 8	Jan 9	Jan 24
Jan 18	May 18	Apr 28	May 13	June 11	Mar 20	May 2
Mar 22	Jan 26	May 26	June 24	May 7	Apr 3	Apr 25
June 7	Mar 16	Jan 27	June 3	Jan 29	June 26	June 6

APPENDIX D
CODING SHEET AND GUIDELINES

Coding Sheet

ITEM ID# _____

1. Newspaper name

DFP DN GRP LSJ

2. Date

____ / ____ / ____
Month Day Year

3. Day of week

Mon Tues Wed Thurs Fri Sat Sun

4. Reporter's name

5. Part of a series

Yes

No

5a. What part of the series is this?

5b. Series editor's name (if given)

6. Approximate length of item (in words) _____

7. Section

8. Page #

9. Description of section

10. Local, guest/freelance, wire, syndicate, or combination origination

Local Guest/Freelance Wire Syndicate Combination

10a. If wire, syndicate, or combination, please indicate the service by name

11. Geographic level of item

Local State Regional National International

12. Focus on in-state or out-of-state issue In-state Out-of-state

13. Type of item

News Feature Opinion Other _____

14. Graphic elements included with item (place a check in the blank before those that are included)

____ Photograph (describe and/or list caption) _____

____ Graph (describe) _____

____ Illustration (describe) _____

____ Pull Quote (describe) _____

____ Other (describe) _____

15. Headline of item

16. Lead of item

17. Main topic of story

18. Secondary topic(s) of story

19. Mention of disability

Yes

No

20. Context of disability

21. Sources used in story for direct quotations

22. Sources used in story for paraphrased quotations

23. Framing and framing techniques (mark directly on copy of item being coded)

Coding Guidelines

1. Newspaper name—Circle the abbreviation of the newspaper in which the story was published, even though it may have originated in another newspaper.

DFP=Detroit Free Press

DN=Detroit News

GRP=Grand Rapids Press

LSJ=Lansing State Journal

2. Date—mm/dd/yy
3. Day of week—Circle the correct day of the week.
4. Reporter's name—Write the reporter's name (or reporters' names) as they are provided in the byline.
5. Part of a series—Indicate whether this item is part of an on-going series by the newspaper by circling yes or no.
 - 5a. What part of the series is this—Indicate this item's order in the series. For example, this may be the first in a four-part series, or the eighth in a ten-part series.
 - 5b. Series' editor's name (if given)—If a series editor is identified, please list his/her name here.
6. Approximate length of item (in words)—If the word count is given, list that. If not, count the number of words in five lines; divide by five. Then multiply that number by the number of lines in the story to calculate an approximate length in words.
7. Section—If a letter is provided for the section, please list it. If no letter is provided, list the name of the section in which the item is found.
8. Page #—Indicate the page number (or numbers) on which the item is found.
9. Description of section—This often is the same as the name of the section. For example, national news often is in the first section and local news in the second. State and local news also can be found in Metro sections. Business pages or sections often exist, as do health, entertainment, sports, editorial, feature (also called lifestyle, people, or living), and science sections. If a section has a hyphenated or slashed name (e.g., science/health), list both parts of the name.
10. Local, guest/freelance, wire, syndicate, or combination origination—Considering the story only, identify whether the writer is local (also called staff), a guest or

freelance writer, a wire service writer, a syndicate writer (most often columnists), or other. Some stories will originate partially with a wire service and be updated or localized by a staff writer; these are to be identified as combination.

10a. If wire, syndicate, or combination, please write the name of the service/organization.

11. Geographic level of item—To figure this out, it's easiest to look at the dateline, if there is one, as well as the sources used in the item. If the dateline is from someplace outside the state, from Washington, DC, or New York City, it's likely the story is either national or international. You may have to use the context of the story to determine whether the story's level is state, regional, or national. If the story is focusing on an issue that's exclusively or primarily at the local level, consider it local. Consider whether the person or specific issue the story concerns is being discussed in the story as having a primary impact locally, statewide, regionally, nationally, or internationally. The fact that an issue is of importance nationally or internationally (such as AIDS, heart disease) does not make it a national or international story. Unless there is some specific fact about the story (such as predominantly national sources or specific, repeated mention of national or international impact), code the story as being local or state.
12. Focus on in-state or out-of-state issue—It is an in-state issue if what is discussed in the story is happening primarily in the home state of the newspaper. The issue could be occurring elsewhere, but this story focuses on the in-state story. If you have coded the story as local or state in item 11, it likely will be an in-state issue. If you have coded it as being regional, national, or international, it likely will be an out-of-state issue. That is, if the issue being discussed is happening primarily elsewhere, other than the home state of the newspaper, it is an out-of-state issue.
13. Type of item—If the item is a news item, it will have a time element in the lead. Ask yourself, "Could this story run two days or a week later with the exact same wording?" If the answer is no, then this is likely a news story. Feature stories are less focused on time. Opinion articles generally take a stance on some issue and present arguments for and/or against that issue.
14. Graphic elements included with article—These include photographs, illustrations, graphs, charts, timelines, and other graphic representations that may aid the reader in understanding the story. Pull quotes also should be noted, as these will select some text for the reader to pay more attention to. Circle the appropriate type of element(s) that is/are included; then describe the element, noting any words that are used.
15. Headline of item—Write the headline of the item. If the headline includes a kicker or more than one line, please write all of them.

16. Lead of item—Write the lead of the item. The lead is usually the first sentence or paragraph. Occasionally, the lead will encompass two sentences and/or paragraphs.
17. Main topic of story—Identify the main topic of the story. This is the primary or main issue or event that the story concerns. If it is difficult to determine the main topic, for each potential main topic, count the number of paragraphs that deal with the topic you have identified. The topic with the most paragraphs about it is the main topic.
18. Secondary topic(s) of story—After you've identified the main topic of the story, any other topics that are important to the story but cannot be considered the main topic should be listed here.
19. Mention of disability—Is disability mentioned anywhere in the story? A mention of disability can include mention of disabling conditions, diseases that are considered disabilities, and use of devices that people with disabilities use. Circle yes or no.
20. Context of disability—How is disability mentioned in the story?
21. Sources used in story for direct quotations—List the names, titles, and locations of all sources who are directly quoted in the story. If a description of the source is provided—for example, oncologist, homemaker, elderly individual, etc.—please indicate that as well.
22. Sources used in story for paraphrased quotations—List the names, titles, and locations of all sources who are paraphrased in the story. These also may include sources used for background information, including books, Internet sites, pamphlets, and other printed and broadcast materials. If a description of the source is provided—for example, oncologist, homemaker, elderly individual, etc.—please indicate that as well.
23. Framing and framing techniques—Read the item carefully several times. Going paragraph by paragraph, examine the presence and absence of key words and phrases, loaded words and phrases, and sources of information used in (and excluded from) the story, including in the headline, lead, kicker, and caption(s) to decide how the story is framed. How is physician-assisted suicide framed? The players? The sources (e.g., are they presented as credible?)? What issues are raised and how are they presented? Elements of framing include the included tone, symbols, figurative language, themes, and visual images, as well as those that are excluded. Examine the direct quotations included in the item to identify those that affect the item's framing. Highlight the quotations by circling, underlining, or marking with a highlighter pen those that affect the frames and/or framing techniques. Indicate the frame the quotation is intended to advance or reinforce. Identify the framing techniques that are used to advance a particular

frame for the story. These techniques can include the use of key words, leads, headlines, quotation marks, catchphrases, and figures of speech to present or maintain particular themes via phrases and sentences. Other framing techniques include delegitimizing (using quotation marks for non-speech, focusing on appearances or surface details, emphasizing dissension, and underestimating numbers of people), focusing on deviance (breaking social norms through violence or other means, pitting someone against another person or some other thing), and focusing on events rather than issues (ignoring goals and missions, describing actions, and reporting only surface details). Highlight examples of text from the item that illustrate the framing techniques that are used in the story.

Attach the coding sheet to the item being coded.

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BIOGRAPHICAL SKETCH

Kimberly A. Lauffer was born in Lansing, Michigan, on May 23, 1969. The eldest of three children in the Lauffer household, she was raised in Mt. Pleasant, Michigan, and graduated as salutatorian of her class at Shepherd High School in 1987. After forays into international relations, parks and recreation resources, and bioethics, she settled on English education as a major course of study at Michigan State University in East Lansing, Michigan. She completed her undergraduate degree in English and secondary education at Michigan State University in December 1991 after successfully student teaching in seventh-grade English under the supervision of Nancy Gillespie at Waverly Middle School in Lansing, Michigan. After six months of substitute teaching in the Waverly Community Schools, she accepted a full-time position teaching high school English and journalism at Waverly High School. She spent her summers as a naturalist at Camp Discovery, a hands-on science and nature day camp at Woldumar Nature Center in Lansing, Michigan.

In 1993, after a lay-off from Waverly Community Schools due to district-wide financial constraints, she took a job teaching English (and in the second year, teaching yearbook) at Belleville High School in Belleville, Michigan, near Detroit. The yearbook the students produced in her first year of advising was awarded a commendation by the Michigan Interscholastic Press Association. In 1995, seeking more knowledge about journalism and journalism education, Lauffer began a full-time master's program in

journalism at Michigan State University. During her master's program, she worked as a newswriting tutor (among other jobs). She was a freelance newsletter editor for the Michigan K-12 Service-Learning Center, and she also wrote and edited the Harbinger, a monthly newsletter on disability issues for the Disability Resource Center at Michigan State University. She was honored with the 1997 Outstanding Graduate Student award from the School of Journalism at Michigan State University, and she also was awarded membership in Kappa Tau Alpha, a national honor society for journalism and mass communication.

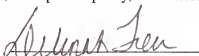
In August 1997 she began doctoral studies at the College of Journalism and Communications at the University of Florida in Gainesville. She taught two sections of media writing in both the Fall 1997 and Spring 1998 semesters, and in the summer of 1998 she worked as a report writer for the Communication Research Center's Kids' Campaign Against Tobacco grant. Beginning in the Fall 1998 semester, she joined her adviser, Debbie Treise, in working on Treise's NASA: Communicating Science Knowledge grant from Marshall Space Flight Center in Huntsville, Alabama. In 1999 Lauffer was awarded first- and second-place honors at the University of Florida's Graduate Student Forum for two research projects, and in 2000 she received the Graduate Student Research Award from the College of Journalism and Communications.

Lauffer's interest in disability issues has grown since her experiences at Michigan State University. In addition to taking several courses on learning disabilities, she has written one published article and has several in process that deal with learning disabilities and post-secondary journalism education. She currently is examining not only the similarities and differences among the writing of college-level journalism students with

and without learning disabilities and those who are repeating writing courses but also methods of accommodating students with learning disabilities within post-secondary journalism programs. She also has continued to indulge her interest in disability issues through independent and co-authored research projects on higher education and disability, particularly faculty attitudes toward students with disabilities. She is a member of the Association on Higher Education and Disability and the Media and Disability Interest Group of the Association for Education in Journalism and Mass Communication.

Lauffer also is a lifetime member of the Girl Scouts of the United States of America, which has offered her not only the opportunity to mentor young women but also to travel worldwide. She credits Girl Scouting as one of many influences that helped her gain the self-confidence which provided a foundation for reaching her goals of higher education.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



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This dissertation was submitted to the Graduate Faculty of the College of Journalism and Communications and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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